Cy.	- 10	1-	ems #10: FOR STATE REGISTRAR	1-22a F		DEPART	MENT OF	HEALTH	AND M	ENTAL H	1.3	Grap	REG. NO	) ()	2	5	U
50	2848		CEASED NAME E OR PRINT)	Har	old -	MIDDLE	er		Abrams		2	OF DEATH A	NOWN ESTI-	MONTH		YEAR 19 82	26 HOUR
		J. SEX		White	S. DATE OF BIRTH MONTH DAY FEB. 21, J	YEAR 1946	6. AGE (IN YEAL LAST BIRTHO)	(Y) MONT	DER TYR.	IF UNDER		RONOUNC DEAD	CED	MONTH	30	YEAR 1982	1:02P
0	36	FC	RTHPLACE (STA REIGN COUNTRY) MARY LAN	D	76. CITIZEN OF WI	HAT COUN	TRY?	8. MARR	IEDXXXIE	VER MARRI DIVORC	ED 🔲	Baltimo	more	_		EATH	MD.
	PAGE FILED S. 2014	(	ty or town o Catonsvi	He /	II. NAME OF HOS (IF NOT IN SUCH FA	John	treet address)	tor		TION	SELF	ALOCCUPA OST OF WORKI E~EMPL	ATION (TYP		WHIC	LES A	
21201	H. IF ANY DELA 1, 2, AND 3TO A 3. RETAIN PA 22 SHOULD BE ITAL RECORDS, 1	USUA 13a, S		13b. COL	NE OR OTHER INSTITUTION, GE JINTY BALTO.	13c. CITY	BEFORE ADMISSING OR TOWN	,	13d. INSIDE (	ITY LIMITS?	TJe. STRE	ET ADDRES L TENT	s MILL	LA.,	API	. I	#2120
RE, MD.	A82 23030		THER'S NAME FIRST SAMUE			BRAMS	LAST		F	ER'S MAIDE IRST JOHAN	NA	MID			CHAF	FER	
BALTIMORE,	IRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES 1 A DIVISION OF	T6a, V (Y	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)		-50-22				-	IANE , APT			2120	)8	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	THIN 24 HOU CIL IN ITEM 18 IER ALONG V ANSIT PERMIT AL HYGIENE, REMOVAL.		Conditions gove rise couse (o) s lying couse	if ony, whi to immedia toting the under the state.	ACC DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR	as a con	secobar NSEQUENCE (	OF OF	- 10						BETW	PROXIMATE IEEN ONSET	INTERVAL I AND DEATH
OF VITAL RECORD	GRATIFICATE SHOULD BE EXECUTED WI TING THE WORD "PENDING" IN PEND DED TO THE CHIEF MEDICAL EXAMIN 3 SHOULD BE USED AS A BURIAL - TR. DEPARTMENT OF HEALTH AND MENT 1 PRIOR TO BURIAL, CREMATION, OR	CERTIFICATION	19a. DATE OF (	PERATION CAUSE WAS	196. CONDITED TIME OF HOUR A.M.	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?		ATURE OF INJUR	RY IN ITEM 18 I	PART I OR P	Y	UTOPSY? IMLTE ES XX	D <sub>NO</sub>
DIVISION	THIS CERTIFICATION  WARDED TO THE PAGE 3 SHOULD THE DEPARTATION  TATE DEPARTATION  21201 PRIOR 1	MEDICAL	UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	CURRED	PENTENT PLACE C	1/30	(AT HOME,	Ho				ital	nn Ca	tons	Ba Vill	lto.	Co <sub>Afe</sub>
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 3		death resulted	from:	rige of the remains des from causes [].	accident L		Autop	, Homic	PECIFY)	Undete	Inquiry [ rmined mon	ner,	DATE SIGNI		1/31	/82
	TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIM	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL CREMATI PECHYBURIA	)	omas D. Sm		M.D.	METERY S	ADDRESS_ R CREMATO			nn St.		BA	ME LTO.		MD
0000	DHMH - 17 (VR A15 ME (5))	24. F	ONERAL DIRECT	OR SOL I	LEVINSON & TOWN RD. ADDRESS	BROS	. INC.				REC'D. BY	REGISTRAR					len

	1.	FOR - STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH		U	0 4	3 1
ris I	I DE	CEASED NAME FIRST	MIDO	DLE		AST	2g DATE OF DE	EG. NO.	DAY YEAR	26 HOUR
		William	R		ADAMS	SKI		y 11, 198		4:00P M
-	3. SE	X	4. RACE		S. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		male	whit		MONTH	2 21	60	YRS.	MONTHS DATS	HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH		8. MARRIE	NEVER MARRIED		ITY OR COUNTY		
1		Maryland	USA		WIDOWE			ore Coun	ty	MD.
7		Baltimore	(IF NOT IN SUCH FA	lin Squ	and H	ROTHER INSTITUTION  Ospital		UPATION MOST OF WORKING LIF Cutter	E) INDUSTRY	y. Co
35		AL RESIDENCE (IF NURSING HOLD OF STATE TO THE COUN	OTHER INSTITUTION GIV	e residence before COITY OR TOW Baltimo		13d INSIDE CITY LIMITS? YES NO [	13e STREET ADD	RESS teelton	Avenue	
800	100	THER'S NAME John Adamski	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME ROSE		DDLE	Kuwya	т
7		VAS DECEASED EVER IN U.S. AR		SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRESS		
1		yes, no or unknown) (IF YES, GIV	E WAR OR DATES)	19 01 0	749	Henrietta	Adamski	1202 St	eelton	Avenue
	7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last	DUE TO, QRO	<b>baronpine</b> s a consequi	umbni i					
	NOIL	PART 2. OTHER SIGNIFICANT (						STORY IN	11600	
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIC	N FOR WHICH	OPERATION	N WAS PERFORMED	YES NO		S, WERE FINDIN YING CAUSES S	
9	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18, P	ART I OR PART 2}	
	MED	21d INJURY OCCURRED  WHILE OCT WHILE OF AT WORK		FACTORY, OFFICE, F		211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		220.1 certify that (3) (this hospi saw the deceased alive an above, (4) (we) (did) (4) (6)	January	II, 19	Januai 82 <sub>, on</sub>	√ 5 , 19 82 d that in (★) (aur) apinian (	, to Janu death accurred an		r and from the	that (h (we) last causes stated
		22b. SIGNATURE	Mo	e is a designation is not a lateral and a second	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN 🔏	22c. DATE	1-82
1		22d. MYSICIAN'S NAME (TYPE O				22e ADDRESS				
		Joseph Ric	nter, MD			9000 Frankli	n Square	Dr., 21	237	
	23a. B	SURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 1/15/8			METERY OR CREMATORY anislaus	23d. LOCATION	timore	COUNTY	Md STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and computerly filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 thould its filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Walter Dabrowski

24 FUNERAL DIRECTOR

1005 Dundalk Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		T 15 T	pildy	
				bustyrna
. (12.27)	September 1	Indicase Star	a olimnii	edombling
3000	Look-Minelicon Av	2 (3)	elet an	pour (aut.
ayin		Cakette		brendt, and,
	ing tosi timeth	ella gent ella	10 915	441

Il director, page 3 hours ofter death

Page 4 may be

1 - ST.	ATE		DEPAR	RTMENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	Ü	0 2	5 2
	GISTRAR					REG. N			
(TYPE OR PE	SED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	HEN	RY Ca	lvin	AMO	DLE , Jr.		1-5-82	LIZE NO.	3:30a
3 SEX	1100	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HR
	ale	Whit		Jul	ly 26, 1912	69	YRS.	NVH5 DAYS	HOURS MIN
COUN			WHAT COUNTR	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C			
	ginia OR TOWN OF DEATH	U.S.A.		WIDOWE			MORE CO		
2		(IF NOT IN SUC	H FACILITY, GIVE STR	REET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT		INDUSTRY	F BUSINESS C
TOW	SON SIDENCE (IF NURSING HOM)		JOSEPH 1		AL	Executive		Insur	ance
13a. STAT	yland	DUNTY	136. CITY OR TO	NWC	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5605 Trame	ore Roa	d	
	R'S NAME		Jul Can		15 MOTHER'S MAIDEN NA		ore noa	·u	
4	Henry	Calvin	Amo.	le, Sr.	FIRST	Vista		Hod.	
16a WAS	DECEASED EVER IN U.S.		166 SOCIAL SE		17 INFORMANT	ADDRI	ESS	1104	ges
	O OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	212-03-	1072	Henry C. Amo	10 Sr 560	Tramo	re Ros	a
	CAUSE OF DEATH (Enter				promise or mano.	10, 51, 500.	- II cano		MATE INTERVAL
go	nditions, if any, which we rise to immediate use (a), stating the	10)—	R AS A CONSEC Cong		Heart failur	e			
go cor uni	inditions, if any, which ever rise to immediate use (a), stating the derlying cause last.  T2 OTHER SIGNIFICAN Hypotens	DUE TO, O  (b)  DUE TO, OI  (c)  IT CONDITIONS CO  ion due t	ONTRIBUTING TO	ODEATH BUT	NOT RELATED TO THE TERM in the Gastro	NINAL DISEASE OR CON		N IN PART 11a	
go cor uni	inditions, if any, which the rise to immediate use (a), stating the derlying cause last.	DUE TO, O  (b)  DUE TO, OI  (c)  IT CONDITIONS CO  ion due t	ONTRIBUTING TO	ODEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	tract	WERE FINDIN	GS USED
PAR 19a 1	inditions, if any, which ever rise to immediate use (a), stating the derlying cause last.  T2 OTHER SIGNIFICAN Hypotens	DUE TO, O    DUE TO, O   DUE TO, OI   OI   OI   OI   OI   OI   OI   OI	R AS A CONSECUTIVE TO hemore tion for which the tribury m. Month	ODENCE OF  ODEATH BUT  Thage  CH OPERATION	NOT RELATED TO THE TERM in the Gastro	INAL DISEASE OR CON intestinal  200 AUTOPSY?  YES X NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES (	GS USED OF DEATH?
MEDICAL CERTIFICATION	inditions, if any, which the rise to immediate use (a), stating the derlying cause last.  RT 2 OTHER SIGNIFICAN HYPOTENS  DATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CRUSH CAUSE OF CEITHER NOTIFY MEDICAL EXAMITINJURY OCCURRED	DUE TO, O  (b)  DUE TO, OI  (c)  AT CONDITIONS CO  ION due t  19b. CONDI  DEATH NER)  21b. TIME O HOUR A.  P.  21e. PIACE	R AS A CONSECTION FOR WHICH	ODENCE OF  ODEATH BUT  Thage  CH OPERATION  DAY YEAR  19	NOT RELATED TO THE TERM  in the Gastro  N WAS PERFORMED	INAL DISEASE OR CON intestinal  200 AUTOPSY?  YES X NO	20b. IF YES, V IN CERTIFY II YES	WERE FINDIN NG CAUSES (	GS USED OF DEATH?
PAF   PAF	inditions, if any, which the rise to immediate use (a), stating the derlying cause last.  RT 2 OTHER SIGNIFICAN Hypotens  DATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CONTRIBUTING ALUSA AND INTURY OCCURRED  INDURY OCCURRED  INC. NOTWHILE	DUE TO, O  (b)  DUE TO, OI  TOONDITIONS CO  IT CONDITIONS CO  IPB. CONDI  19b. CONDI  21b. TIME O HOUR A.  NER)  P  21e. PLACE (IAT HOME STR	PAS A CONSECTION FOR WHICH	DUENCE OF  O DEATH BUT  Thage  CH OPERATION  DAY YEAR  19  19  11  81  , or	NOT RELATED TO THE TERM  in the Gastro  N WAS PERFORMED  21c. HOW INJURY OCCUR	AINAL DISEASE OR CON Intestinal  200 AUTOPSY?  YES X NO RED (ENTER NATURE OF INJURE)  CITY OR TO 1-5	ZOB IF YES, WIN CERTIFYII YES RY IN ITEM 18 PARI	WERE FINDIN NG CAUSES (  T I OR PART 2)  COUNTY  282 tind from the c	GS USED OF DEATH? NO  STATE hotX01 (we) lo
PAF   PAF	INJURY OCCURRED  The property of the control of the	DUE TO, O  (b)  DUE TO, OI	PAS A CONSECTION FOR WHICH	DUENCE OF  O DEATH BUT  Thage  CH OPERATION  DAY YEAR  19  19  11  81  , or	NOT RELATED TO THE TERM  in the Gastro  N WAS PERFORMED  211. LOCATION STREET  2—22 , 19—81  nd that in (Xy) (aur) opinion	AINAL DISEASE OR CON Intestinal  200 AUTOPSY?  YES X NO RED (ENTER NATURE OF INJUNCTIVOR TO 15 death occurred on the death occurred occurred on the death occurred on the death occurred occurred occu	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18 PART	WERE FINDIN NG CAUSES (  T I OR PART 2)  COUNTY	GS USED OF DEATH? NO  STATE hat201 (we) la
PAF   PAF	inditions, if any, which two rise to immediate use (a), stating the derlying cause last.  RT 2 OTHER SIGNIFICAN  Hypotens  DATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF STIMER NOTIFY MEDICAL EXAMI  INJURY OCCURRED  THE NOTIFY MEDICAL EXAMI  INJURY OCCURRED  SIGNATURE	DUE TO, O  (b)  DUE TO, OI  FOR THE TO	PAS A CONSECTION FOR WHICH	DUENCE OF  O DEATH BUT  Thage  CH OPERATION  DAY YEAR  19  19  11  81  , or	NOT RELATED TO THE TERM IN THE Gastro N WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION STREET  222 , 19-81 and that in (Xy) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22e. ADDRESS	AINAL DISEASE OR CON Intestinal  200 AUTOPSY?  YES X NO RED (ENTER NATURE OF INJUNCTIVOR TO 15 death occurred on the death occurred occurred on the death occurred on the death occurred occurred occu	20b IF YES, VINCERTIFYII YES NY IN ITEM 18 PART	COUNTY  22c. DATE S  1 - 5	GS USED OF DEATH? NO  STATE hat201 (we) la auses stated

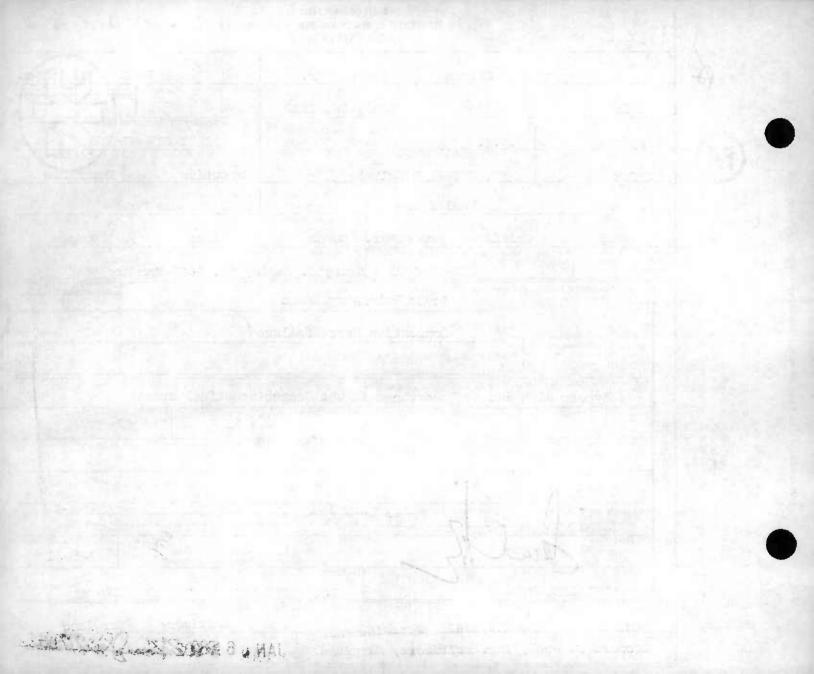
DHMH - 16 50M 1/81 (VRA 15, 4)

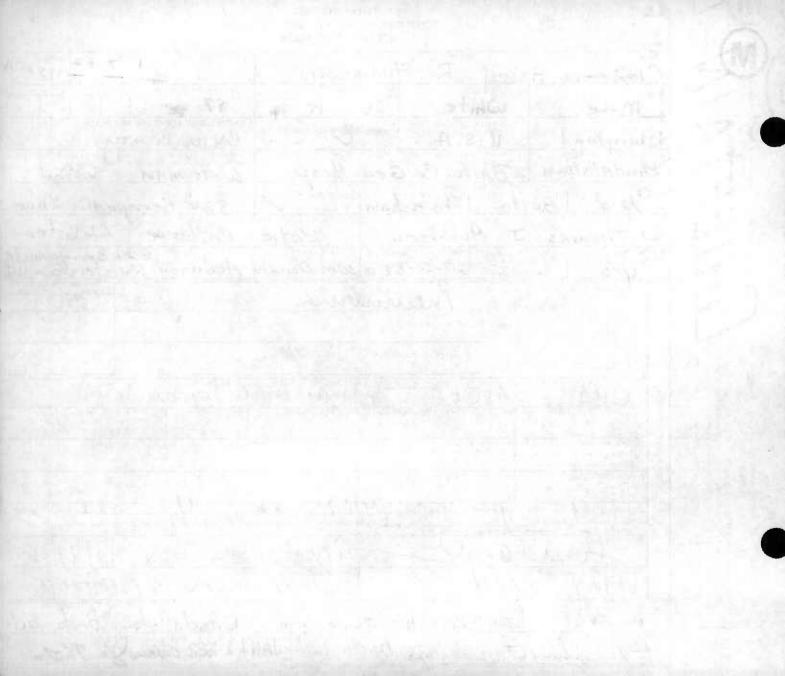
OR ATTENDING

TO HOSPITAL

TO FUNERAL DIRECTOR

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.





DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

24 FUNERAL DIRECTOR Sterling

736 Edmondson Ave.

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

Zb. HOUR

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County,

12b. KIND OP BE STREET CO

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Brass

Industry

29 Chestnut Hill Lane

Trible

Md. 21228.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

- Baltimore.

COUNTY

F-4-2-31-1	J. J. Daylet		1	11111
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and the second second state				
enance in the Salahan and the				umliftenant D
Trible Pilie, e. nd. 21 - da. Poi fe kongretikung an		2390		- trade
	M. H. D. Weller	-		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-AYERS NANCY Lee DEATH MATED 1-29-829 5. DATE OF BIRTH 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY white PRONOUNCED female 1963 1-29-82. Dec. 9. 18 YRS 76. CITIZEN OF WHAT COUNTRY? Ta. BIRTHPLACE (STATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). FOR MOST OF WORKING LIFE
Life Guard Rec. Dept. Parkville 2, AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F 3040 Arizona Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE OUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Parkville Maryland Balto YES 3040 Arizona Avenue 21234 VITAL 15. MOTHER'S MAIDEN NAME AND 2 GES 1, 2 LAST Robert C. Hilda Bowen Ayers GIVE PAC DIVISION OF 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 84 4730 1201 Union Avenue 21211 Robert C. Avers no TO MEDICAL EXAMINER: THIS CERTIFICATE STANDED SENDIC IN TEM 18. RECUTE THE CERTIFICATE, WRITING THE WORD. PENDING, IN PENCIL IN ITEM 18. RECUTE THE CERTIFICATE CAMPINER ALONG WEATH OF EVENT OF THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF Conditions. if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YESKOW NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HONMAM MPN29282 UNDERLYING XX OR subject shot during altercation MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21f. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED STREET, FACTORY, FARM, FTC.) CITY OR TOWN WHILE AT WORK AT WORK Balto, Co. Maryland 3040 Arisona Avenue home 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Homicide Undetermined manner Natural causes TITLE (SPECIFY) DATE SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Westview Crematory Westview Balton BP Cremation FEB 1 1982 FRANCE 74 FUNERAL DIRECTOR DHMH-17 Burgee Funeral Home 3631 Falls Read 21211 (VR A15 ME (5))

15M 2/80

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MIDDLE

- STATE

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

26. HOUR (TYPE OR PRINT) Horace Wilson RACON 2:20 lanuary UNDER LYFAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12h KIND OF BUSINESS OR Gen. Motors TYPE OF WORK FOR MOST OF WORKING LIFE Assembler 130 STREET ADDRESS 1412 Hopewell Ave. 21221 Sara Nora Walters LAST ADDRESS Same PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO I 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) CITY OR TOWN COUNTY STATE 10 January , and that in Doc (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED -29-82 DIRECTOR PHYSICIAN 9000 Franklin Square Drive 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial 2-1-82 Oak Lawn Cemetery Baltimore County, Maryland 25a. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE much Funeral Home PA 1407 Old Eastern Ave. PEB

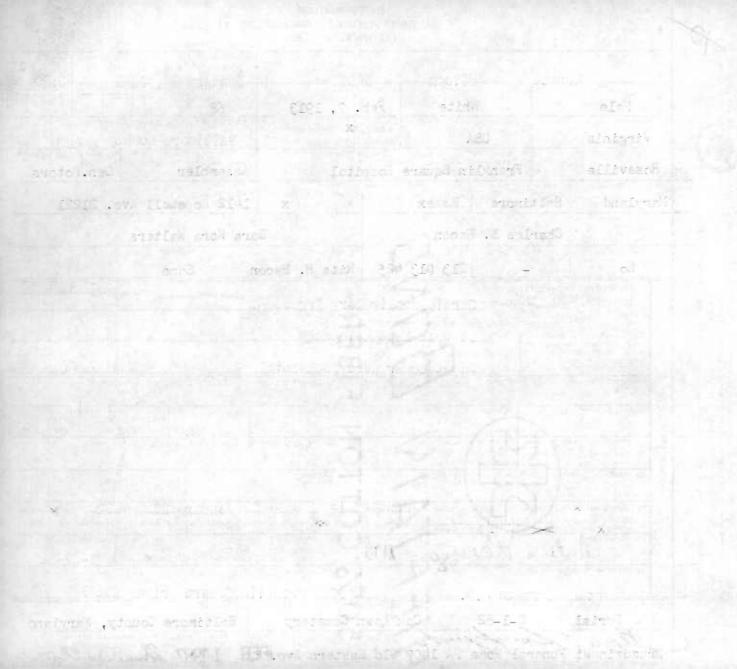
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

2g DATE OF DEATH



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the shauld be detached for use as the bursol traitst permit. Then plause remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priat to bursol, cremotion, as removal.

	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE

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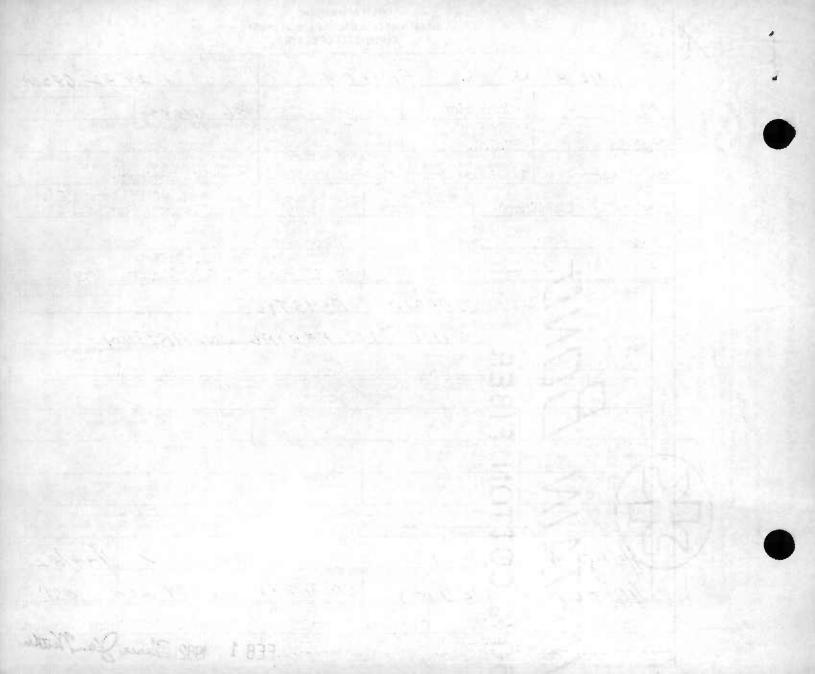
- )

REGISTRAR CERTIFICATE OF DEATH REG. NO.	
Helen A. BAIKAUSKAS  20. DATE OF DEATH MONTH DAY YEAR  January 13, 1982	2h HOUR 8:58
Formale White S. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS  Oct. 21, 1910 71  YRS.	IF UNDER 24 H HOURS M
76. BIRTHPLACE (STATE OR FOREIGN USA 16 CITIZEN OF WHAT COUNTRY? B. MARRIED A NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED 17	
Rossville 21237  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1745-OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (1745-OF WORK FOR MOST OF	BUSINESS
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  132. LITY OR TOWN  133. INSIDE CITY LIMITS?  YES   NO EX 213 N. Marlyn Ave. 2122	21
John Yousko Last Mary Fetzko	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (1FYES, GIVE WAR OR DATES) 212 36 8775 Albert Baikauskas Same	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES ( YES 7  210. ACCIDENT WAS UNDERLYING 7  21b. TIME OF INJURY 10 PART 12)	
OR CONTRIBUTING   CAUSE OF DEATH   CAUSE OF INJURY   CAUSE OF DEATH   CAUSE OF INJURY   C	
KINTARA D. BOYGE TREES PEOD OSTER DR 3	2120
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION Bel Air Memorial Gardens Harford Co., Mar	
Buzdzinski Funeral Hope By 1407 Old Eastern Ave. JAN 18 1982	father

DHMH - 16 50M 1/81 (VRA 15, 4)

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bacture , word that are survived			
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(VRA 15, 4)



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	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 2 0	0 2 5 0
	1. DECEASED NAME (TYPE OR PRINT) Glady		BALLERSTEDT	January 1, 19	26. HOUR 6:55 Δ
	3. SEX Female	4 RACE White	5. DATE OF BIRTH Feb. 22, 1894	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
at once.	Balto. Md.	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	
gotified by	Rosedale, Md.	Franklin Sq.	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WIFE	12b. KIND OF BUSINESS OF INDUSTRY
ol examiner must be rouif	Md. I36 C Ba	OUNTY 13t. CITY OR Middle Ri	TOWN 13d. INSIDE CITY LIMITS?  YES NO	13e. STREET ADDRESS 2220 Corsica Rd.	
0×30		gust Rellin		WIDDLE	eibig
e medical	16a WAS DECEASED EVER IN U.S {YES, NO OR UNKNOWN} (IF YE	S GIVE WAR OR DATEST	SECURITY NO. 17 INFORMANT 896 4107 D Mrs. Eunice L	5 Chapel Ave. Ellie LeBon 210	cott, City Md. 043  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
al, cremotian, or r r other traumatic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS			
a buric jury, o			TO DEATH BUT NOT RELATED TO THE TER		
ows ony in	1) Old age, 19a DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE	ar accident, 3)Diffu	200. AUTOPSY? 200. IF YES IN CERTIFY YES NOT YES	YING CAUSES OF DEATH?
ental Hygi	00.00.000.000.00	F DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P)	
th and M arked or	GIF EITHER NOTIFY MEDICAL EXAM  WHILE NOT WHILE AT WORK  AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
with the Stote Dept. af Health and Mental Hygic IMPORTANT: If Hem 21 is marked or Item 18 sho	27a.1 certify that ( <b>X</b> (this h saw the deceased aliverable) (by (we) (did) (did) 27b. The ATURE	ospitol) ottended the deceosed free on January 1	DEGREE  ATTENDING	n death occurred on the date and hour	and from the couses stated
with the Stot	22d PHYSICIAN'S NAME (1 Dr. Marsha	* //	220. ADDRESS 9000 Frank	in Square Drive,	21237
	23a. BURIAL, CREMATION, REMO (SPECIFY) Burial		23c NAME OF CEMETERY OR CREMATORY Western Cem.	23d LOCATION CITY OR TOWN Balto.	COUNTY STATE

Balto. National Pike Balto. Md. 21229

JAN 1 3 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR
G. Truman Schwab 5151

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

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A STORE			Nothing to stay 1		

Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. FEB

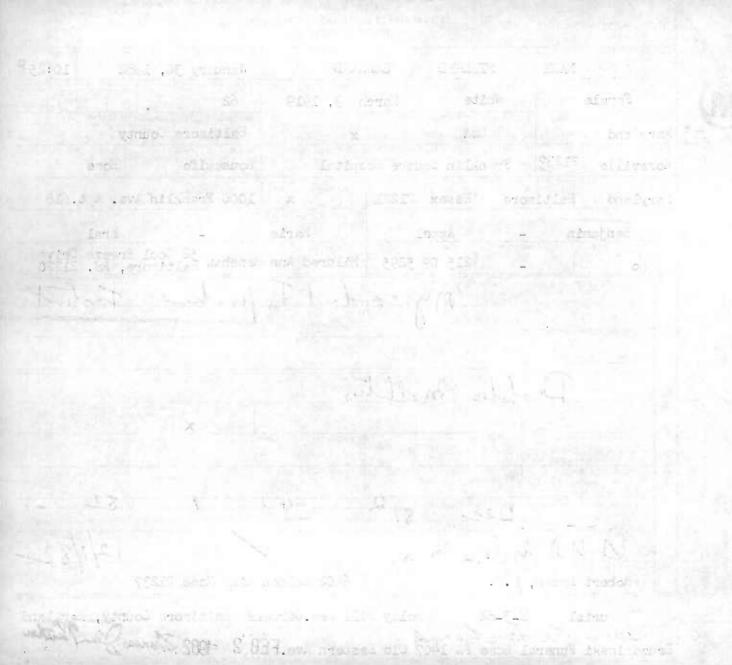
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



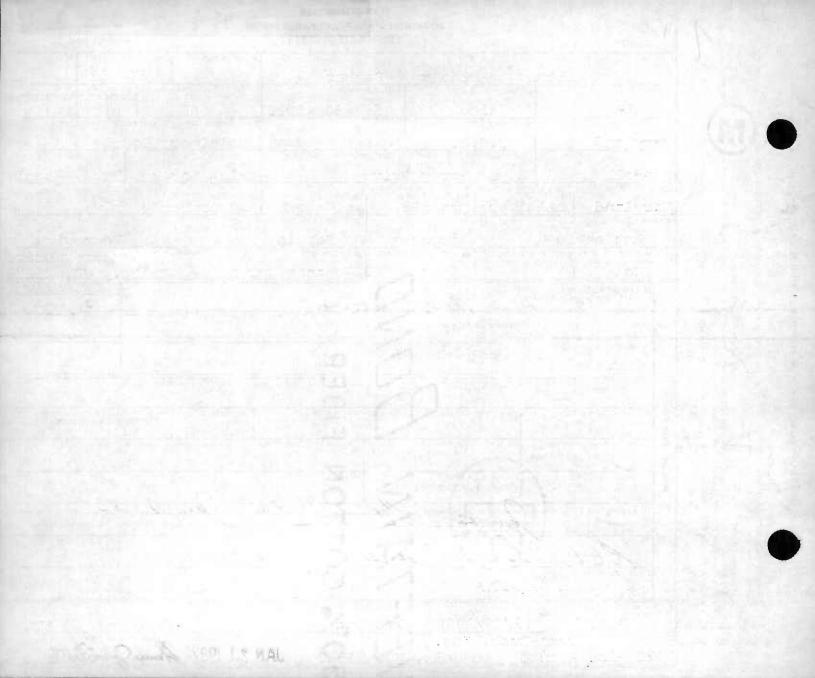
IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

tO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici ahould be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval.

BP.

DHMH - 16 50M 1/BI (VRA 15, 4)

Male  White  S. DATE OF BIRTH  MANORY  S. SALE OF BIRTHPLACE  (STATE OR FORMON)  White  S. SALE OF BIRTHPLACE  (STATE OR FORMON)  THE WOOD  TO COUNTRY  MARYLAND  U.S.A.  WOOD  DIVORCED  Baltimore County  Baltimore County  110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  DUNCAL  LOTY OR TOWN OF DEATH  D. MARYLAND  28 Lombardy Drive  Brick Layer	KIND OF BUSINESS OR USTRY  2th. Steel
DECEASED NAME   FREST   MADDLE   LAST   120, DATE OF DEATH   MONTH   DAY	ATH  CY  CHANGE OF BUSINESS OR  CHANGE OF BUS
Milton Anthony Barber  3. SEX  Male  White  Male  White  Maryland  Mary	ATH  CY  CHANGE OF BUSINESS OR  CATH  CY  CHANGE OF BUSINESS OR  CHA
Male    Male	ATH  CY MD. KIND OF BUSINESS OR USTRY  Etrovits Dardy Driv  MD. 2122  APPROXIMATE INTEGVAL ETWEEN CHIST AND DEATH
Male  White  Solver Married  Marked (State or foreign Country of Directory Country)  Maryland  U.S.A.  WDOWED DMORCED Baltimore Country  II NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (PADITA SUCH FACILITY, GMY STREET ADDRESS)  Maryland  Bull (RS)IDENCE (W HURSING-HOME OR OTHER INSTITUTION (PRO WORK FOR MOST OF WORK MOS	ATH  CY MD.  KIND OF BUSINESS OR USTRY  2th. Steel  LVE  LAST  CATTONICS  DATA  APPROXIMATE INTERVAL  ETWEEN ONSET AND DEATH
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Maryland  U.S.A.    Maryland   U.S.A.   Middle	kind of Business or usfry eth. Steel  Live  Live  Last  Last  Latrovits  Dardy Driv  MD. 2122  APPROXIMATE INTERVAL ETWEEN CHISE IND DEATH
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Dundalk  28 Lombardy Drive  Brick Layer  Bull Residence (if nurshing home or other institution) give residence admission)  130. STATE  130. COUNTY  Maryland  Baltimore  Dundalk  15 MOTHER'S MAIDE  Anthony  Marber  Anthony  16 Ves. Give was or dates)  18 MODIE  Anthony  19 Mode  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN CENTRAL PROPERTY OF THE COURTY OF THE CO	eth. Steel  Live  LAST  LAST  DATAY  APPROXIMATE INTERVAL  ETWEEN ONSEL AND DEATH
Dundalk  28 Lombardy Drive  Brick Layer  Brick Brick Layer  Brick Bricker  Brock  Bric	eth. Steel  Live
136 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	tve etrovits pardy Driv MD. 2122 APPROXIMATE INTERVAL ETWEEN CHISCHEL
Maryland Baltimore Dundalk    14. FATHER'S NAME	etrovits  pardy Driv  MD. 2122  APPROXIMATE INTERVAL  ETWEEN ONSET AND DEATH
14. FATHER'S NAME FIRST ANTHONY Barber Sophia Per Sophi	etrovits  pardy Driv  MD. 2122  APPROXIMATE INTERVAL  ETWEEN ONSET AND DEATH
Anthony  Barber  Sophia  Per S	pardy Driv MD. 2122 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
160 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRES 28 LOW	pardy Driv MD. 2122 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
NO  218-09-6861 Johanna Barber  Balto.  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  21a, ACCIDENT WAS UNDERLYING  21a, ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  POUR A M. MONTH. DAY YEAR  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 DAY  POUR A M. MONTH. DAY YEAR  21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART 1 DAY  POUR A M. MONTH. DAY YEAR	MD. 2122  APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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	AUSES OF DEATH?
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(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	PART 2)
The state of the s	
216 INJURY OCCURRED  216 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN  CO	UNTY STATE
WHILE NOT WHILE AT WORK	
220.1 certify that (1) (this haspital) attended the deceased from	, that (1) (we) last
abave, (I) (we) (did) (did not when the bady after death.	am the causes stated
	DATE SIGNED
Rowardon as a starform physician physician physician	
72d. PHYSICIAN'S NAME (TYPE OR PRINT) 270 ADDRESS	
Dr. Roger Windsor 1012 Old North Point Road	
236 BURIAL, CREMATION, REMOVAL 235, DATE 237 NAME OF CEMETERY OR CREMATORY 234 LOCATION	
Burial 1/22/1982 Oak Lawn Baltimor	
24 FUNERAL DIRECTOR Duda-Ruck, Inc. Somess 250 DATE REC'D. BY REGISTRAR IN BEGISTRAR IN BEGISTRA	Y STATE
Dudd-Ruck, Inc.	e MD.



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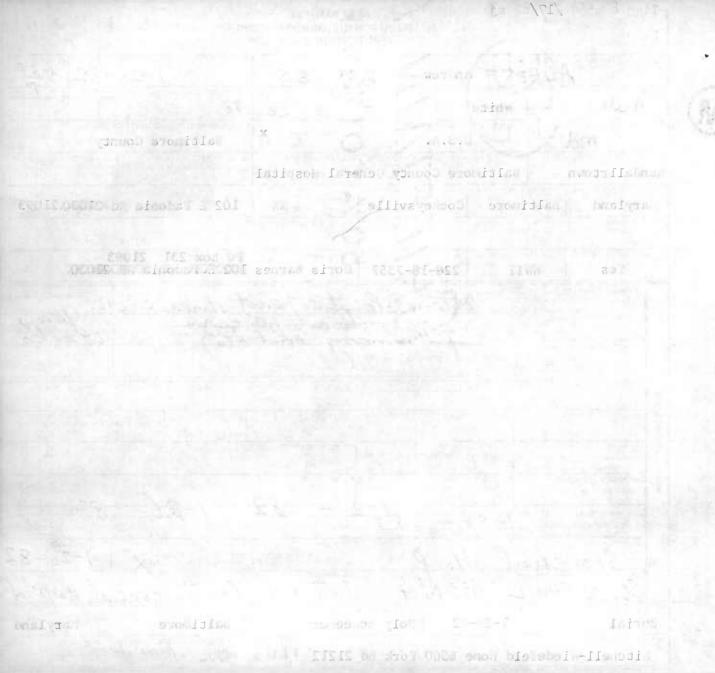
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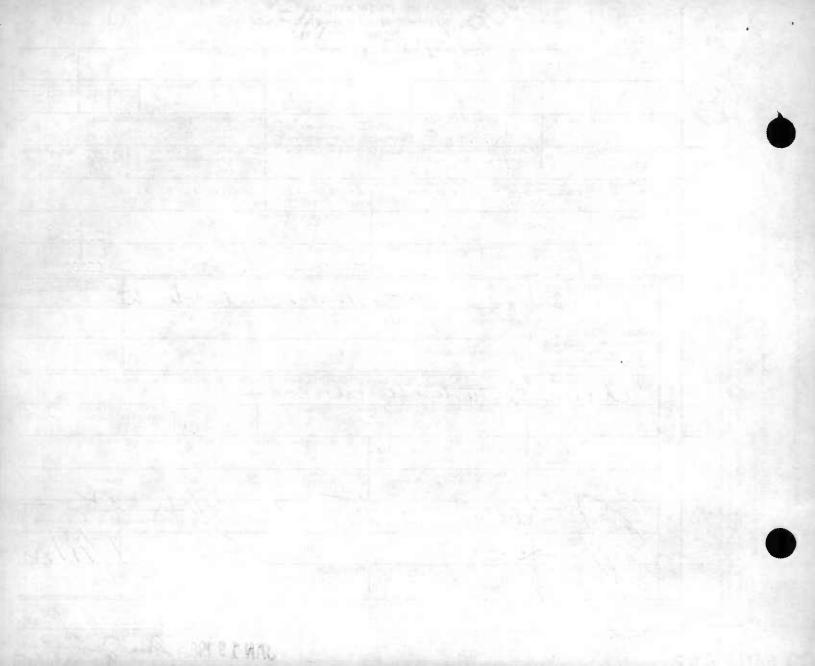
it call - telo, ild none, inc. spir terms, in

		REGISTRAR				CERTI	FICATE OF DEATH	REG. N	10	
v-f		CEASED NAME	A FIRST	アカーア	Andrew	<b>†</b>	ADA? - C	20. DATE OF DEATH		CO 120
2	3. SE		7 L-P	4 RACE	A HOLL EW		ARNES	6. AGE (IN YEARS LAST B	RTHDAY MUSTER	
W	L	Male		White		MONT /Z	13 C3	78	YRS HONTHS	DAYS HOURS MAL
V	7a. B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	or County of DEA	
200	7	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N	URSING HOME STREET ADDRESS)	ed DIVORCED DOROTHER INSTITUTION  neral Hospital	12a USUAL OCCUPA	10N 12b. 1	MD. KIND OF BUSINESS OR USTRY
31	USU 13g	AL RESIDENCE (IF NURS STATE aryland			GIVE RESIDENCE	BEFORE ADMISSIONS TOWN YSVIlle	138. INSIDE CITY LIMITS?	130. STREET ADDRESS	ionia RdX	XXXXXX 21 093
3/2		ATHER'S NAME FIRST		WIDDIE	LAS		YES NO PA		201126 114-4	LAST
medicol e		VAS DECEASED EVER YES, NO GRUNKNOWN)	IN U.S. AR	MED FORCES?	1	SECURITY NO8-7357	17. INFORMANT Doris Barnes	PO Box AZOS	1 <sup>55</sup> 21093	XOXXX
ony injury, or other traum	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERAL	nediate g the last.	DUE TO, O	PLU OR AS A CONS		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	NDITION GIVEN IN P.	
shows o	RTIFIC		la.			THE TOTAL THE		YES NO	IN CERTIFYING C	AUSES OF DEATH?
Item 18 s		21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA			DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR P	ART 2)
rked ar	MEDICAL	21d. INJURY OCCURR	ILE 🗇	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY O	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COU	NTY STATE
21 is mo		220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on.	1-2	6 -	( 1 /1	nd that in (my) (our) opinion	death occurred on the c	lote and hour and fro	, that (I) (we) last
NT: If Item		226. SIGNATURE	ch	ul	Hony	0	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF - /	1-26-82
IMPORTANT: II		SOON (	Hu	LI	TON	G	Balli more	2 County	Penera	( Haspital
	23a. B	BURIAL, CREMATION,	REMOVAL	236 DATE 1-29-	-82	Holy Re	emetery or crematory	Baltimo	COUNTY	Marvland
M 1/81 , 4)		UNERAL DIRECTOR Mitchell-W:	iedef	eld Home	e 6500	York Ro	21212 FEB	TE REC'D. BY REGISTRAL	95b. REGISTRAR'S SI	SHATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 8 g564 Z17/82 gj





1 4	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 5									
/		REGISTRAR		CERTIFICATE OF DEATH				REG. NO.		
. m.e	I. DE	CEASED NAME FIRST	MIDDLE		AST	20 DATE	OF DEATH MONTH	DAY YEAR 2	b. HOUR	
may be , page 3 ter death	3. SE	RAYMOND	A RACE	AUEROS	100		NYEARS LAST BIRTHDAY	9 1982 IF UNDER 1 YEAR 11	M UNDER 24 HRS	
Page 4 in ector, is after soft	5	)AL2	WHITE	JUY	. 0.1 1.00	13 6		rrs.	MIN.	
oth Branch	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIE	D	ORE CITY OR COL		1	
	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTIO	N 120 USUA	AL OCCUPATION	12b. KIND OF E		
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ORE,		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT		ADDRESS			
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF						
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SICIAN: T ag physici certificate certificate ental Hygi ttem 18 sh		21s. ACCIDENT WAS UNDESCRIBE OW CONTRIBUTING THE SUSE OF DE-	HOUR A.M.	NTH DAY YEAR	21r. HOW INJURY O	URRED (parts	PRINCIPAL CALIFORNIA CONTRACTOR	wite make a gas mark 33.	The said	
PHYSICIAN: ending physic this certificate buriol-tran and Mental Hy d or Hem 18 s	MEDICAL	214 INJURY OCCURRED	P.M.  7 21e PLACE OF INJUS	19	2H LOCATION	_				
DIVISION O PHYSIC of the burie of the burie lith and Menn narked or the	M	al noon D and Areas D	LATHONE STREET LAND	AT OFFICE FARM, ETC.)	STREET		CONTRACTOR	EQUINITY	PLEASE	
2 0 0 E		27s I certify that (I) (this hasp	tol attended the decease		tion 19	73 10_	Jan	10 12 1ho	t (I) (me) last.	
Prite prite 21 21 21 21 21 21 21 21 21 21 21 21 21		saw the deceased alive a above, (1) (	the body of the	110	d that in (my) (to a)	pinion death accur	ret In the date and	hour and from the cau	ses stated	
		276. SIGNATUR	mark	hos	ATTEND		LSTAFF	ZIL DATE NO	2/0/2	
HOSPITAL ned by th FUNERAL HIGH be determine State		224 PHYSICIAN'S MAME THE	28 P4(94T)	1	PHYSIC 77s. ADDRESS	IAN PRECTO	R [ ] PHYSICIAN [	1/	702	
TO HOSP!		FRANK T. K	ASIK JR.		9005	HARE	100 RA	00		
	23a. I	URIAL, CREMATION, REMOVAL	23b. DATE	10	EMETERY OR CREMAT	TORY 23d LO	CATION ITY OR TOWN	COUNTY	STATE	
BP	24 F	BURIAL	11-99-198	2 PARK	moss Er	m. PA	AKVILLS	BALTO.	MO.	
DHMH - 16 50M 1/81 (VRA 15, 4)	0	VANS FUNE	RALLHAPL	L 88001	RD. 25	JAN 2	7 1082	CANCES	Neithen	
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13	1.	FOR STATE REGISTRAR	DEPARTMENT OF F	FICATE OF DEATH	IENES &	0026/	
oge 4 may be irector, page 3 burs ofter death	3. SE	M	N J. BAUN RACE S. DATE S. DATE MOND WHITE MOND	DE BIRTH  -25-1896	20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT	MONTH DAY YEAR 26 HOUR    C	-
nours ofter death. P	10. C	OUNTRY) MD.  ITY OR TOWN OF DEATH  A TO MS VILLE	1. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE PREET ADDRESS)  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CT AVE.	BALTO 120 USUAL OCCUPATI (TYPE OF WORK FOR MOSTO PETTRET	F WORKING LIFE) INDUSTRY	MD. OR
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in b opers. Pages 1 and 2 should be fil wol.  11, the medical stabiline fluxt ben 11, the medical stabiline fluxt ben	14. F.	THER'S NAME  THESE B  WAS DECEASED EVER IN U.S. ARM	TO: CATENSVILLE BOLE BAUMAN	13d. INSIDE CITY LIMITS? YES NO TO THE SMAIDEN NAME TO THE SMAIDEN NAME TO THE SMAIDEN NAME TO TO THE SMAID	ME MIDDLE ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	PROSPECT AVE.  DREHER  STR. SAME.	à Destroy W
VITAL RECORDS, 301 W. PRESTON ST.,  N: The low requires that the death certificysticion.  cote has been signed by the attending phonsit permit. Then please remaye carbanp Hygiene prior to buriel, cremation, or rema	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.		IS MAN	INAL DISEASE OR CONI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	TH.
	CERTIFICATION	19a. DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	20a AUTOPSY?  YES NO SED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO THE TRANSPORT TO THE TRANSPORT T	
DIVISION OF VITA NDING PHYSICIAN: TI or attending physicia No. Atter this certificate use as the burial-transi tealth and Mental Hygi is marked or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	/N COUNTY STATE	
IOSPITAL OR ATTENDII ned by the hospital or FUNERAL DIRECTOR: A uid be detoched for use the Store Dept. of Heal the Store Dept. of Heal		220.1 certify that (I) (this hospito saw the deceased alive an above, (I) (we) (did) (did not 22). SIGNATURE	vyel the body after death	DEGREE  ATTENDING PHYSICIAN  172 ADDRESS	MEDICAL STAF	ate and hour and from the causes stated  22c. DATE SIGNED  FIAN   22c. DATE SIGNED	
DHMH-16-60M 1,73		BURIAL, CREMATION, REMOVAL  STEPPEN A TIEN  JINERAL DIRECTOR  NAME F. V. F. //	23b. DATE 23c. NAM DEC 1-18-82 WES	JAN	23d LOCATION CITY OF TOWN	Association Ph	۶.

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR DIERSETTER CO. 130 SIREE ADDRESS AVENUE GENEVIEVE BAUMGARTNER 1004 SUMTER CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 82 , and that in (19) (aur) apinian death accurred an the date and haur and from the causes stated DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 2123 STATE BALTIMORE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGIS HMH - 16 50M 1/B1 hes aw Ave (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

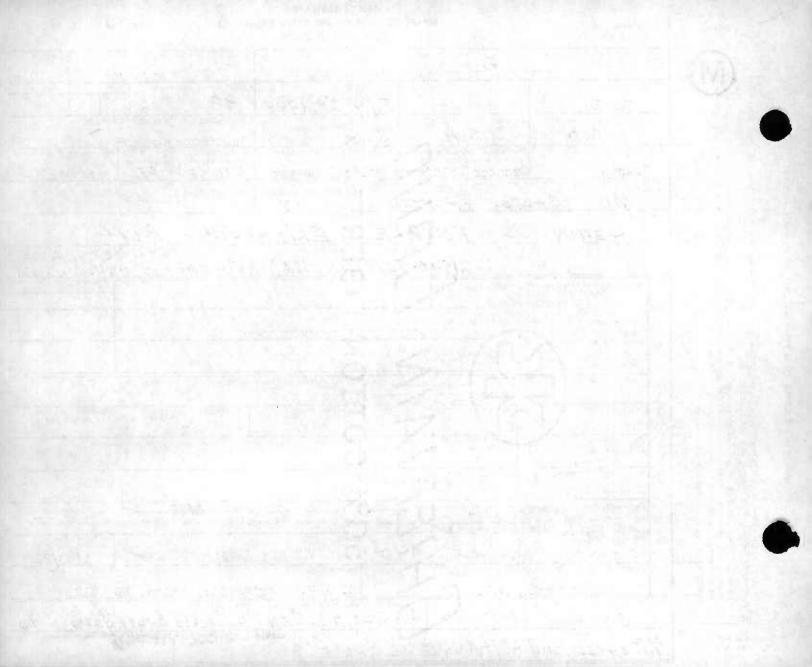
20 DATE OF DEATH MONTH

7h HOUR

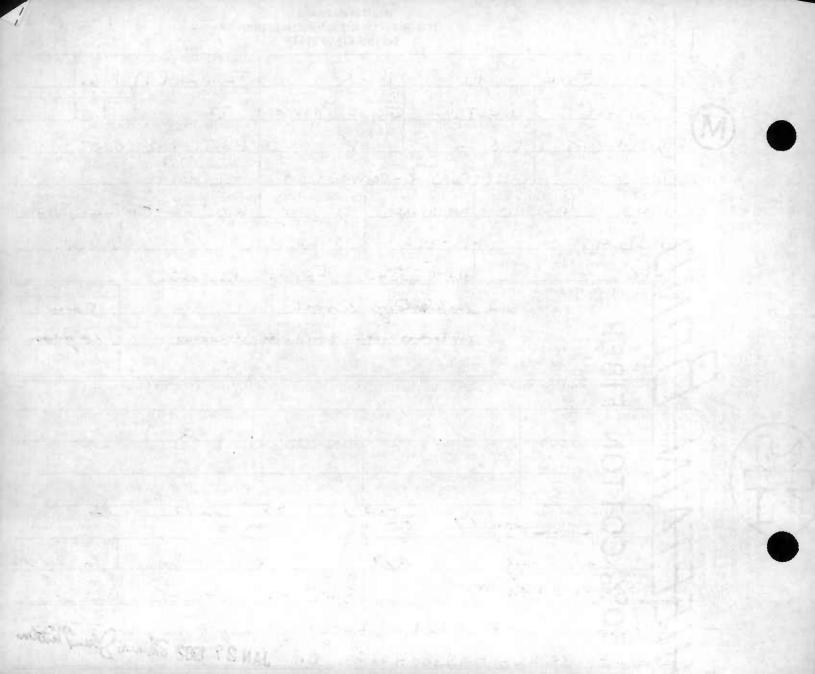
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17		1			STATE OF MARYLAND			
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	0		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOU	JR .
þe	MI	1		LLIAN BECHTOLD			1/23/82 5:10	0 34
mo)	1	3. SE			5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER	
Page 4	urs e	L	Female	Caucasian	JULY 28, 1988	93	YRS DAYS HOURS	M IN.
4	2 ho	, 7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
e o e	and The		MD.	4.2.A.	County	MD.		
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RYL	d 2 st	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		
MA v	olexon Sond		HENRY	- FOURL	E ELIZA	BETHMODE	BULL LAST	
RE,	nd ca			RMED FORCES? 166. SOCIAL SECURI	TY NO. 17 INFORMANT	ADDRE	2427 BEACH 1214	16
BALTIMORE,	Pages		YES, NO OR UNKNOWN) (IF YES, G	219-10-5	078 MAS ELLA V	RUTH EDF	3427 BEACH, AV	122/
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A de	nove continu		Conditions, if any, which gave rise to immediate	(b) CEREBRO	VASCULAR ACCIDEN	<u>r</u>		
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	sign hen to bu	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE		MINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)	
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RECORDS,	2 5 0 0	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT	
The	te ho	Ē				YES NO X	YES NO	
IAN:	TO THE		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART 1 OR PART 2)	
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DIVISION OF VITAL  NG PHYSICIAN: The	d A M	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR.	211. LOCATION	CITY OR TO	WN COUNTY ST	TATE
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R ATTEN	of H of H 21 i		saw the deceased alive or	n 1/23 19 8 at) view the body ofter death.	$2$ _, and that in (my) (our) opinion	death accurred on the do	ote and haur and from the causes sta	sted
OR A A Sos			226. SIGNATURE	or view the body offer deoffs.	DEGREE		22c. DATE SIGNED	
a de	te Do			Acei U.	ATTENDING PHYSICIAN	MEDICAL STAF		2
PITA	FUNERAL UID be det on the State ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSIC	1/43/04	
HOSP	TO FUNERAL should be de with the State IMPORTANT:		0		6701 N CI		1	
OF 10	Shark MM	220	Roger Lewi		ME OF CEMETERY OR CREMATORY	rles St., Ba	1to, MD 21204	
2000	)	230.	(SPECIFY) BURILAY	1-27-84 231, NA	ME OF CEMETERY OR CREMATORY	CITY OR TOWN	Re could st	M.
BI	P		UNERAL DIRECTOR	1 1 1 1		HAVIREAE	SKHE SKIAKITEDI	(11)
	- 16 30M 2/80 RA 15, 4)		TAME WELL E.H.	P.A. HAUDERY	= GONATU,	KKC LUBY REDISTRAR	SIST ATURE	



	X.	FOR STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	(GIENE 8 2	0 0 2 7 0
may be page 3 rer death		CEASED NAME FIRST	MIDOLE	B S &	cK		MONTH DAY YEAR 26 HOUR
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ion is ofter death by the function of the death in orthing the function of the	-	ISCONSIA ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NUR:	SING HOME OF	DIVORCED [		WORKING LIFE) INDUSTRY
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ST., BALTIN errificate be g physician angapers. P remaval. event, the r		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	nne cause per line far (a), (b), Y:	atom	arrest	4 RECORDS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d b db iol,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEG	PUENCE OF		a Driegre	logion
law requires s been signe smit. Then pripries to prince to be	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	196. CONDITION FOR WHIC			MINAL DISEASE OR COND	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. ther this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injun		2] g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCU	YES NOTHER NATURE OF INJURY	YES NO
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ATTEN naspital recTOR: ed for us or, of He		22a.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (wa) (did (did wa)) of 22b. SIGNATURE	A A A A A A A A A A A A A A A A A A A	pr. and	. 19	n death accurred an the das	19 that (I) (we) last te and haur and fram the causes stated 22c. DATE SIGNED
by the by the ERAL ERAL Store Store		22d. PHYSICIAN'S NAME (TYPE OR PRI		MD	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF	
BB HOSE with the		SAMUEL O'MA BURIAL, CREMATION, REMOVAL TO SPECIFY, URIAL	23b. DATE 23	NAME OF CE	8405 A	23d. LOCATION CITY OR TOWN	VEN BLVD.
DHMH-16 50M 1/B1 (VRA 15, 4)	^	INERAL DIRECTOR NAME ANS FUNERAL	CHAPEL REDO		R	JAN 27 1982	ST RIGISTRAN STONATUR CONTROL



FOR - STATE REGISTRAR			DEPARTI		IEALTH ANI	DEATH	GIENE 👸	REG. N	Û	U	
DECEASED NAME	FIRST		MIDDLE	i	LAST	-	20. DATE C	OF DEATH	-	DAY YEAR	2b. HOUR
YPE OR PRINT)	NORA	VII	RGINIA	BE	CK		Janua	ary 18	198	2	6:30a »
SEX		4 RACE	L HILL	5. DATE C		YEAR	6 AGE (IN	YEARS LAST BIR	RTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
Female		Whi	te	8	13	1917	64		YRS.	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVEL	R MARRIED	9. BALTIM	ORE CITY O		OF DEATH	
Arkansas		U.S	.A.	WIDOWE		DIVORCED	Balt.	more	Count	V	MD
CITY OR TOWN OF I	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER IN	ISTITUTION	12a USUA	OCCUPAT	ION		OF BUSINESS OR
Rossville			lin Squar		pital						ted Ins.
UAL RESIDENCE (IF N	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS?	13e STREET			,_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21101
Marvland		timore	Dundalk		YES T	NO X			mirne	Road	
FATHER'S NAME					15 MOTHE	R'S MAIDEN NA		Troub I	OGULITE	NOAU	
George		MIDDLE	Randa]	1	7.	FIRST		MIDDLE			AST
George WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES GI		MED FORCES?	166 SOCIAL SECU					ADDRI	ESS		ters
(YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	220 14 5	2004			2				urne Roa
No			220-14-3		I EIme	r E. Be	CK		ватт	o. MD	21222 XIMATE INTERVAL HONSET AND DEATH
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710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		THE STATE OF THE S	PFINJURY M. MONTH DA M.	AY YEAR	21c HOW	INJURY OCCUR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
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sow the dece	osed olive on	tol) oftended the January	e deceased from	82or		) 19 <u>81</u> ((our) opinion				r and from the	that (we) lost couses stated
	is Ber	chelmann	1		DEGREE	ATTENDING PHYSICIAN	MEDICAL				18-82

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

27e ADDRESS

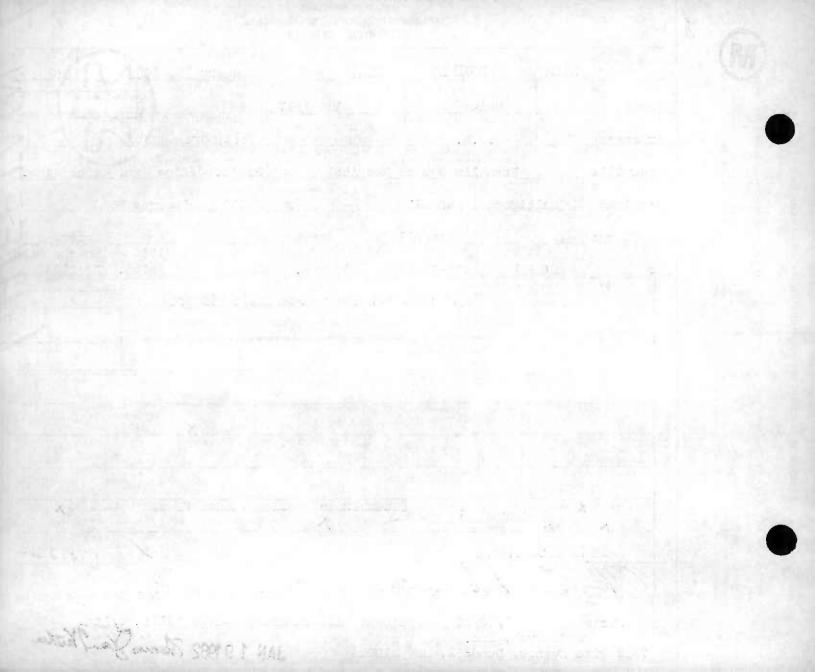
9000 Franklin Square Drive 21237 23d. LOCATION CITY OR TOWN

Pleasant Hill Cemetery Owings Mills, Balto.

Burial 1/20/82 Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

21222

DHMH - 16 50M 1/81 (VRA 15, 4)



William E. Johnson 8521 Loch Raven Blvd

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) HOWARD S. BELL 1982 16. January 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 48 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, Chtr, Fire Fighter Local Gov 13e. STREET ADDRESS 226 E. Padonia Road Off ADDRESS Eleanor S. Bell Lutherville, MD21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lio 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 7800 York Road 825-0688 Burial Jan. 20, 82 Dulaney Valley Mem. Gar. Balto. Co., JAN 18 1982 Chances 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

Carried State Section of the Contract of the C 12 - Land Hall Ball Indian Co. 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. N	U (	1 6	1 3
		CEASED NAME E OR PRINT) GE	rard		mbrose	BI	ENDA	January 8	, 1982	YEAR	2b. HOUR 11:48an
	1 SE	Male		White		5. DATE O	DF BIRTH ■ 7 ■ 4905 YEAR	6 AGE LIN YEARS LAST BIR	YRS.	NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5	I	ATTYLAND		USA	WHAT COUNTRY	WIDOWE	D DIVORCED	9 Baltimore City of Baltimore		DEATH	ME
1	Ro	ossville 2		II. NAME OF	HOSPITAL, NURSI	HOSpi	tal	12a. USUAL OCCUPAT	ION DEWORKING LIFE)	26. KIND C	in Co.
5	13a. S	AL RESIDENCE (IF NURS STATE aryland	136 COUI	TOTHER INSTITUTION LIMOTE	Jac CITY OR TOW Middle		13d. INSIDE CITY LIMITS? YES NEW NEW YEAR	130. SIREET ADDRESS 1307 Thi	rd Rd.	21	220
0	14 FA	ATHER'S NAME FIRST Anto	n Be	nda nda	LAST		IS. MOTHER'S MAIDEN NA	ME Hersl MIDDLE		LAS	it .
		VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	216 10		Mildred Ben	da, Wife	ess Sa	me	
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	CERTIFICATION	190 DATE OF OPERAL	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES* NO	20b. IF YES, W IN CERTIFYIN YES		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with

should be detached for use as the buriol-tronsit permit. Then please remave corbon pop-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removo

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

injury, ar other traumotic event, the

Parkwood Cemetery

Baltimore Co., Md.

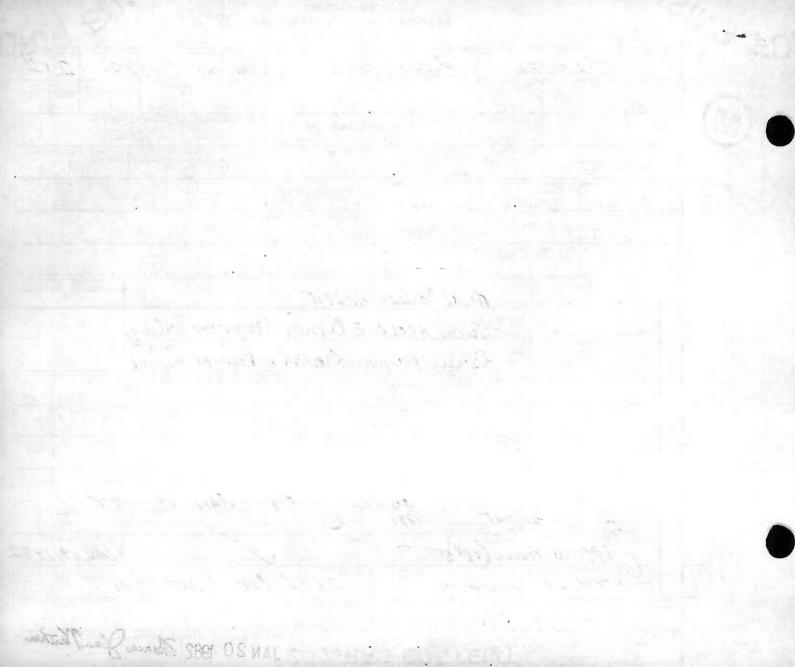
24 FUNEA DURECTOR 250. D. Bruzdzinski Funeral Home PA 1407 Old Eastern Ave.

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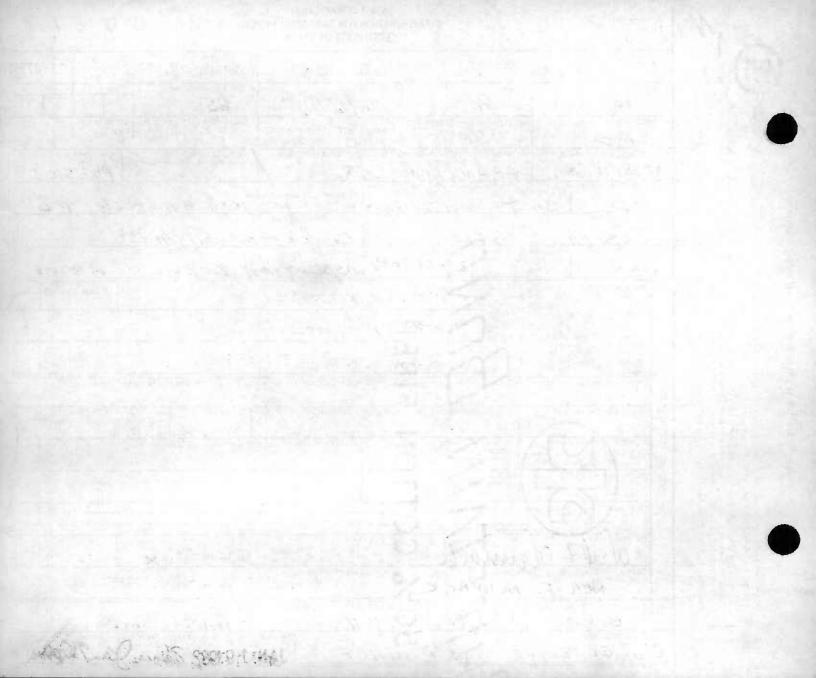
STATE OF MARYLAND



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DHMH - 16 50M 1/81 (VRA 15, 4)

N	FOR STATE REGISTR			DEPARTMENT OF HEAL CERTIFICA	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENE 8 2	002	277
dios.	1. DECE ASED N (TYPE OR PRINT)	Joseph	M.	BICKEL	5R.	January 9		2b. HOUR 11:47PM
urs office d	3. SEX	4.	RACE	5. DATE OF BI	CONTRACTOR STATE OF S	6. AGE (IN YEARS LAST BIR		
35	M. BIRTHPLACE COUNTRY)	(STATE OR FOREIGN 76	CITIZEN OF WHAT CO	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore city o	County of DEATH	AAD
ned will	ROSSV	VN OF DEATH		, NURSING HOME OR O	HER INSTITUTION	128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		OF BUSINESS OR
of productional beautiful to the second beautiful to the second to the s	14 FATHER'S NA	T MI	BICKE	OR TOWN 13d.  DLE RIVER YE	INSIDE CITY LIMITS?  S NO POPULATION NO PIRST  NEOR MANT	ME	AMPLER	RD
r medic	(YES NO OR UN	(IF YES, GIVE V		017649 A	SSUNTIN	A BICKE	L A.	BOVE
Then please remains to burial, camptig	gave ris cause I underlyin		DUE TO, OR AS A CO	Ministration of the state of th	ardial Infa		DITION GIVEN IN PART I	
ond acut	19a. DATE (	of operation	19b. CONDITION FOR	WHICH OPERATION WA		200 AUTOPSY? YES NO.	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
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h and M rived ar	(IF EITHER 21d. INJUR	Y OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY		LOCATION	CITY OR TO	WN COUNTY	STATE
of for vise of 19 Head	saw t abave	y thotXi) (this haspital he deceased alive on (X(we) (did) (didyio)	_1_0	1982, and the	t in (Xy) (our) apinian o	deoth accurred on the do	, 19 82 ite and haur and fram th	, that (IX(we) last e causes stated
State Department of State Dep	22b. SIGN 22d. PHYSI	Eil 7 al 4	mach		ATTENDING PHYSICIAN ADDRESS		FIAN 1	-9-82
(MPORT		NEIL F.	NEIMAR)	23c. NAME OF CEMET		lin Square I		
OM 1/81	(SPECIFY)	ECTOR	1/13/82	HOLLY H	144	REC'D. BY REGISTRAR	COUNTY COUNTY	STATE
5, 4)	J.G.	CONNELL	7 38	O MACE			seres Jan	Weither



1 - STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO	).	0 32	<b>,</b> 0	
1. DECEASED NAME	FIRST		MIDDLE	l l	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
(THE ORPHIN)	PHILLI	р	J.	BI	SESE	January 28	, 1982		18 P.N	
3. SEX Male		4 RACE White		5. DATE O		6. AGE (IN YEARS LAST BIRTI	HDAY) IF	UNDER I YEAR	IF UNDER 24 HR	
Maryland		US A	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF Baltimor			^	
Towson		Valle	Y View N	TADDRESS)	Home	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Salesman	ON WORKING LIFE)	126. KIND O INDUSTRY Clot	of BUSINESS C	
USUAL RESIDENCE (IFN 130. STATE Maryland	136 COUN Balto	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Catonsvi	VN	13d INSIDE CITY LIMITS? YES NOX	13e. STREET ADDRESS 425 Lambet	h Rd.			
14 FATHER'S NAME Salva	tore '	AIDDLE	Bis	ese	15. MOTHER'S MAIDEN NA	ME	Carı	Carrataniasi		
160 WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16h SOCIAL SEC 218-03-		Mr. Salvator	6 Walgrover e P. DiNatal		stert	own, Md.	
Canditions, if a	IWAS CAUSED IMMEDIATI  ny, which immediate iting the	DBY: E CAUSE (o)  DUE TO, O	PAUL- RAS A CONSEOL RAS A CONSEOL	Cong JENCE OF JENCE OF	E MYOCHE	EDIAL INT	-wecti		imate interval Onset and death	
PART 2 OTHER SI					NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR COND	ITION GIVEN			
STIFIC						YES NOS	IN CERTIFYIN		OF DEATH?	
OR CONTRIBUTING	CAUSE OF DEAT	Р.	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
WHILE NOT	WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,		21f. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE	
22a. I certify that saw the dece abave, (1) (we 22b. SIGNATURE	ased olive an	1/10/0	10	, on	d that in (my) (aur) opinian o	, to	182, 19 te and hour o			

ATTENDING.

MEDICAL

Robert Liberto

22e. ADDRESS

3508 Bank St., Balto.Md

DHMH - 16 50M 1/81 (VRA 15, 4)

23b. DATE 2/1/82 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY
New Cathedral Cemetery

23d LOCATION Maryland

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250. DATE REC'D. BY REGISTRAR Witzke Catonsville Funeral Home, P.A. 21228

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) EST Charles H. Bissett DEATH MATE 4 RACE 3. SEX 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE ON ON 23 LAST BIRTHDAY) PRONOUNC White Mala 58 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Baltimore County DIVORCED ID. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Supervior Beth. Steel 10105 Woodlake Drive Cockevsville Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Cockeysville 10105 Woodlake Drive NO\[7] WITH FORM PM 3. IT PAGES I AND 2 SH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles н. Bissett, Sr. Fride Elizabeth DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) No 219-14-1914 Mrs. Charles H. Bissett Same as 18 CAUSE OF DEATH (Enter only one cause per line for () b), and (c) PERMIT. PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE. IMMEDIATE CAUSE (o. BURIAL - TRANSIT Canditians, if ony, which gave rise to immediate 9 cause (a) stating the under-DUE TO, OR AS A CONSE lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN USED AS A E ARDED TO THE CHIEF M AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 211 LOCATION (AT HOME, AGE 4 SHOULD BE FUNESTATED FILE STATE DI FIL STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22a. I certify that I took charge of the remains of scribed abave, held an Autapsy Inspection AFTER DEATH BALTIMORE, / EXAMINER'S NAME Charles F. O'Donnell M.D. 7501 York Road, Towson, Md. 21204 ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION COUNTY STATE SPEBurial Baltimore 1/12/82 Loudon Dark Cemetery Md. BP. 24. FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR tzke **DHMH-17** 639 Edmondson Avenue. Catonsville, Md. 21228 (VR A15 ME (5))

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STATE OF MARYLAND

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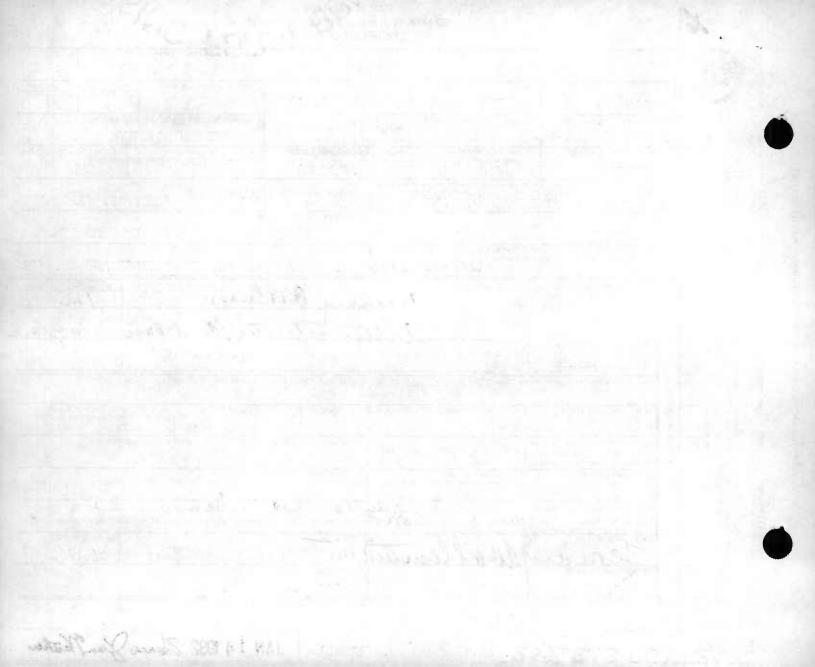
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TROUBLE D. BERT, INC. LALVISORS, MAY LAND ... INVESTIGATION COMMENTS TO SERVER TO SERVER SERV



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CENTIFICATE OF BEATH

V		REGISTRAR				CERTI	TICATE OF	DEATH		REG. N	0.				
		CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	2b HOUR	
'n	(TYPE	Ch	arle	s	Α.	Bl	euel				1	13	82		M
	3. SE	X		4 RACE			OF BIRTH		6 AGE (IN YE	ARS LAST BIR	THDAY)	IF UND	ERIYEAR	IF UNDER 24 HR	**
		Male		Whi	te	Man	ch I,	1900	81		YRS.	MONTHS	DAYS	HOURS MIN	i,
25	∌a. Bl	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		V	R MARRIED D	9 BALTIMO					AD.	
10		Essex		River	HOSPITAL, NURSIN CH FACILITY, GIVE STREET VIEW NU	ADDRESS)	OR OTHER IN	ISTITUTION	Baltimore County,  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carpenter  INDUSTRY						_
1	130 5	AL RESIDENCE (# NURS STATE Maryland	13b COUN Balt	other institution ity imore	13c. CITY OR TOW Timoniu	e admission) VN JM	13d INSIDE	NO X	13e STREET 220	7 Da	Lewoo	d Ro	ad		
2.	14. FA	THER'S NAME	==2014	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM	ΛE	1.1.5				-	
Z		Charles			Bleue1		Jo	Johanna MIDDLE					Kaufman		
1		VAS DECEASED EVER		MED FORCES?							SS			-	
		No	111 123,010	L WAR OR DATES	216-01-4	L. Lewis Same as #13.						b			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MID caused in fee cf win									-	APPROXIMATE INTERVAL  AETWEEN ONSET AND DEATH  CONTROL  APPROXIMATE INTERVAL  APPROXIMAT			
		410	IMMEDIAI	_	1		- ANG	y Cr wn					1	Carrer.	_
		Canditions, if any,	which	DUE TO, O	AS CONSEOU		and	constre	sta	-105	25	1	y-x	irs	
		gave rise to imn couse (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEOU	ence of							,		
		PART 2 OTHER SIGN	NOT BELATI	ED TO THE TERMI	NAL DISEASE	OR CON	DITIONIC	D/EAL IAL	DADT 1		_				
	NOI	THE ENGLISHED SHOW	TI ICANT	Thi	340mg 5	Cox	ig h	artita	ture	Auto	77	IVEIN IIN	PARI HO		
g	CERTIFICATION	19a. DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	TION FOR WHICH OPERATION WAS PERFORMED					IN CERT			GS USED OF DEATH?	
1		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	1111	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW	INJURY OCCURR	ED (ENTERNAT	URE OF INJU	RY IN ITEM 18	PARTIO	R PART 2)		
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211. LOCA STRI			CITY OR TO	WN	cc	YINUC	STATE	
		22a.1 certify that (1) saw the decease	(this hospi	11-10	-8/ 19	6-1	nd that in (m	y) (aur) apinion d	, to	d on the de	ote and ha	. 19 S		hot (I) (we) lo	st
		THE SIGNATURE	1	diskout view the body after death.			DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAI	FF	2	20 DATE S		
		TTd. PHYSICIAN'S NA	ME (TYPEO	R PRINT)			22e ADDR		DIRECTOR	PHYSIC	IAN []	-1'	- 1 2	06	_
-	3	Dr. B.					2900	Dunran	Rd.	Dı	ında	lk,	MD.	21222	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23 c. 1	NAME OF C	EMETERY O	RCREMATORY	23d. LOCA	TION		1000	ITV	STATE	
		Buria1		Jan. 1	6,1982	Holy H	Redeem	er Cemet			ore,				

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the

Burial Jan. 16,1982 Holy Rec

14 FUNERAL DIRECTOR Ruck Towson Funeral Home
1050 York Rd. Balto MD 2320 Holy Redeemer Cemetery

25a DATE REC'D. 21204

and of the state o .A.S.V be bourgred managra) 25 55 Carlos J. micrel John John Market (11 - ) - (34) tre. Jouand B. Turks same as (11.

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must be positied of once

injury, or other traumatic event, the medical

IMPORTANT: If Item 21 is marked ar Item 18 shows ony

230. BURIAL, CREMAT

	1-	FOR STATE REGISTRAR			DEPART	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 2 8 4 CERTIFICATE OF DEATH REG. NO.						
i	1 DECEASED NAME FIRST						LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HO				
3	Melvin				arry	BOU	DEK		lary 10,	1982	9:40 Pm	
j	3. SEX 4			4 RACE		MONTH	S. DATE OF BIRTH		S LAST BIRTHDAY J	MONTHS DAYS	IF UNDER 24 HRS	
5	76. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)			76 CITIZEN OF WHAT COUNTRY?		MARRIE	MARRIED NEVER MARRIED   WIDOWED   DIVORCED		Baltimore County  MD.			
000	Re	OSS VILLE		FRA	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FINOTIN SUCH FACILITY, GIVE STREET ADDRESS)  FRANKLIN			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY STEEL				
L	13a. S	AL RESIDENCE (IF NO ITATE M.D.	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	130. STREET ADD	DRESS N,	STUAR	7	
	14 FA	FATHER'S NAME FIRST HARRY		BOUDER			LULU V	BUR"	NIDDLE	LA	LAST	
	160 WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DAT			WAR OR DATES	154 07		17 INFORMANT	25.7	ADDRESS	A	BOVE	
		PARTI. DEATH WAS CAUSED BY:  Cardiopul monary arrest    Cardiopul monary arrest   Cardiopul monary arrest								1 hist-		
		PART 2 OTHER SIG	GNIFICANT C				NOT RELATED TO THE TER					
7	CERTIFICATION	19a DATE OF OPER	ATION				n by computer N WAS PERFORMED	20a AUTOPS	Y? 20b. IF Y	graphy s es, were findii ifying causes (es []	NGS USED	
1		OR CONTRIBUTING [	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	E OF INJURY IN ITEM IB	PART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK			21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA		21f LOCATION STREET	CITY OR TOWN		COUNTY	COUNTY STATE	
		22a I certify that X (this hospital attended the deceased from January 6, 1982, to January 10, 1982, that X (we) lost saw the deceased alive as January 10, 1982, and that in (no) (our) opinion death occurred on the date and hour and from the causes stated above, Nove) (did) (did) (did) (did) (did) (viv) (										
		22b. SIGNATURE	ng p	& Got	tried	/	DEGREE  ATTENDING PHYSICIAN  1220. ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 1082	

CEMETERY OR CREMATORY

DHMH-16.50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR CONNECTOR 300 mace address dvenue

23b. DATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

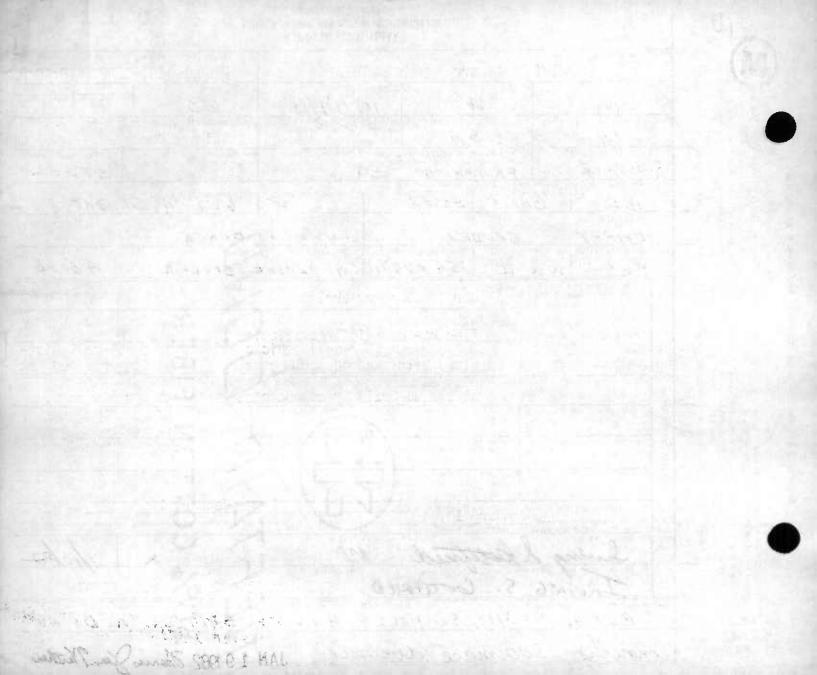
Franklin Square Dr.,

JAN 1 9 1982 France Van 7 Kot

21237

STATE

COUNTY



Leonard J. Ruck Inc. Baltimore, Maruland

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

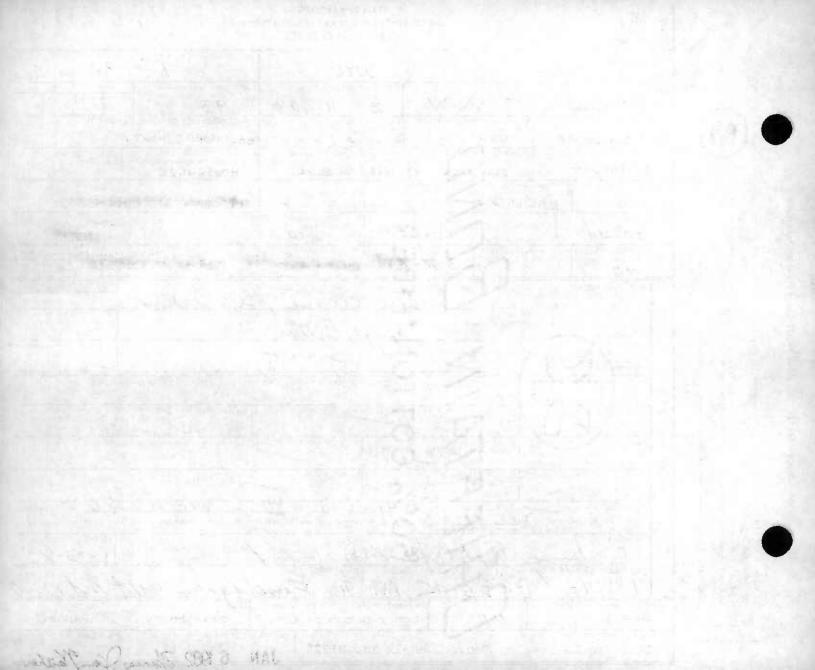
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



4-4	FOR STATE REGISTRAR				T OF HEALT	MARYLAND H AND MENT CERTIFICA		A A I I	() (	) 2 8	3 8
W W	1. DECEASED NA (TYPE OR PRINT)		H-M	WIDDLE		LAST		26. DATE KNO OF EST DEATH MAT	WN MONT		
SPECIAL	3. SEX	4 RACE	S. DATE OF BIRTH	YEAR LA	E (IN YEARS IF U		UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH		AR 2d HOUR
	female 7a. BIRTHPLACE FOREIGN COUNTR	Y)	AUG.13,1		76 YRS.	RIED   NEVER	MARRIED	9. BALTIMORE		NTY OF DEATH	82 3:5,8/
ELAY S NE TO THE FUN V PAGE 5 P FILED W	ENGLANI ID. CITY OR TOW TOWSON	N OF DEATH	11. NAME OF HOS	CILITY, GIVE STREET A	HOME, OR OT	HER INSTITUTION	FOR	Balt UAL OCCUPATION MOST OF WORKING I EPHONE O	(FE)	( 12b. KIND OF OR INDL	ISTRY
21201 ANN F AND 3 RECORD	MD.	An Con	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE  13c. CITY OR T  BALTIMO	OWN	13d. INSIDE CITY LI YES 🔯 N	IMITS?   13e. STR	REET ADDRESS			
# # # P P P P P P P P P P P P P P P P P		RT W.		ONES LAST		JAI		A.		I NGRA	M
ME ATTER DE RE PAGE MUTH FORM WITH FORM DIVISION OF	NO NO		RMED FORCES? E WAR OR DATES)  nly one couse per line	166. SOCIAL S	2-4034	PHILIP	H. GOUI		6224 NO	RTHWOOD	DR.
L RECORDS, 201 W. PRESTON ST.  ULD BE EXECUTED WITHIN 24 HOUS "PENDING" IN PENCIL IN ITEM 18 FF MEDICAL EXAMINER ALONG WED AS A BURIAL TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	Condition of Condi	ions, if any, which rise to immediat (o) stating the <u>under</u> ause last.	ATE CAUSE (o) 300 DUE TO, OR (b)	as a consequ	JENCE OF		Â EN ÎN PART 1 (G).			pelween o	NSET AND DEATH
DIVISION OF VITAL RECO SCRTFICATE SHOULD BE RITING THE WORD "PENDI POED TO THE CHIEF MEDI EES SHOULD BE USED AS AS FEDERARMENT OF HEALTH OI PRIOR TO BURIAL, CREI	216. EXTER	OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF	21b. TIME OF HOUR A.M	INJURY MONTH DAY	YEAR 21c. H	vas performed low injury oc ousefire	CURRED LENTER	MATURE OF INJURY IN	HITEM 18 PART 1 OR	20 AUTOP YES [	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	WHILE AT WORK	rtily hat I taak char	21e PLACE ( STREET, FACE home	OF INJURY (AT	10ME, 211. CO	60 Parky	way Driv	Inquiry	Balt,	3.11	MD STATE
EDICAL EXAM THE THE CERTIF INERAL DIREC DEATH WITH WORE, MARYL	ACTUAL SIGNATUR EXAMINER	1 1/4	omes .	J Zm	Sulcide [_	TITLE (SPEC A.D. Deputy	yChiefmed			NED 1/1	1/82
TO FUR P PAGE 4 TO FUR BALTIM	(TYPE OR P 23a. BURIAL, CREA (SPECIFY) CREMA	RINT) NATION, REMOVAL TION			OF CEMETERY	OR CREMATORY  CEMETERY	23d. LC CITY BA	Street, OCATION ORTOWN LTIMORE	co	PUNTY	STATE MD.
2768 DHMH-17 (VR A 15 ME (5)) 15M 2/80	24. FUNERAL DIR		LD HOME 6	500 YORK	RD. 21		JAN 1	3 1982	Registrar	Janle .	ics-

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2	1.	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 2.	0 0	2 8	9
4 may be		Mary Mary	B.	Br	a d For	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) HE UN	YEAR 26 HOLDERS DAYS HOURS	PM
See Annual Page		RTHPLACE (STATE OR FORE	US	WHAT COUNT	RY? 8 MARRIEI WIDOWE	0 NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	to Cou.	nty	MD.
ours other out of the filed with	USU	TO WSON	(IF NOT IN SUI  MON  STATE INSTITUTION	OF CO.	REET ADDRESS)  FORE ADMISSION)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	F WORKING LIFE) IN	b. KIND OF BUSIN IDUSTRY	ESS OR
SYLAND 2	130.	Md.  THER'S NAME FIRST	MIDDLE	Balti		13d INSIDE CITY LIMITS? YES XX NO   15 MOTHER'S MAIDEN NA FIRST	3 Elmhurs	t Road	LAST	
BALTIMORE, MAR cate be executed w ysicion and comple opers. Pages 1 and wal.		Andre	w J. Burke	16b. SOCIAL S	ECURITY NO. 4 6220		Tennie Tracy	ss <b>3 El</b> mhur		
the death certificate be the other cardinate be the other drawn corbon popers. I remotion, or removal. her troumotic event, the results.		18 CAUSE OF DEATH (E PART I. DEATH WAS MADE)  Conditions, if ony, will gove rise to immed couse (o), stoting	CAUSED BY: MEDIATE CAUSE (a)  DUE TO, O hich (b) the DUE TO, O		ond (c).  ac fa  QUENCT OF	ilure			APPROXIMATE INTE BETWEEN ONSET AND	RVAL
NG PHYSICIAN: The law requires that the death certificatending physicion.  Her this certificate has been signed by the attending phase the buriol-transit permit. Then please remove carbonp th and Mental Hygiene prior to burial, cremation, or remarked or them 18 shows any injury, or other troumotic ever	CERTIFICATION					NOT RELATED TO THE TERM	AINAL DISEASE OR COND  200. AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, WE	RE FINDINGS USES CAUSES OF DEA	TH?
DIVISION OF VITAIING PHYSICIAN: The restriction of physicion of the buriol-tronsit lith and Mentol Hygie borked or them 18 sho	MEDICAL CER	216. ACCIDENT WAS UNDERNING CAUSE CHEETHER NOTIFY MEDICAL E 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH  XAMINER)  P.  21e. PLACE (AT HOME, ST	M. MONTH M. OF INJURY REET, FACTORY, OFF	19 ICE, FARM, ETC.)	21c. HOW INJURY OCCUR 21f. LOCATION STREET	CITY OR TOV	NN C	OUNTY	STATE
PITAL OR ATTEND by the hospital of ERAL DIRECTOR: re detached for use State Dept. of Heo ANT: if hem 21 is in		22b. SIGNATURE	did not) view the body		9, an		, to	F	from the causes st	toted
TO HOSPITAL retoined by the TO FUNERAL should be detuniff the State IMPORTANT:		22d. PHYSICIAN'S NAME	EN T.	KEL		ADDRESS  MONICU  METERY OR CREMATORY	23d. LOCATION	21111 -		
7 / L/BP		Burial  UNERAL DIRECTOR	1/6/	82	Loudon	Park Cemeter		ore, Ma		STATE
(VRA 15, 4)	M	ITCHELL-WIE	DEFELD HOM	E, INC.	6500	York Rd. JA	N 8 1982	Chine 9	miller	

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				PIAI	LOFMARILAND					
FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 2	0.	0 (	3 9	0
1. DECEASED NAME	FIRST	N	NDDLE	i i	AST .	20. DATE OF DEATH	MONTH	DAY YEAR	2b HO	UR
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3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY	IF UNDER I YE	0.196	R 24 HRS
Female		White	3	Decel		73	YRS	MONTHS DAY	S HOURS	MIN.
TO BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
Maryland	31.	U.S.A		WIDOWE		Baltimore (	Count	ty		MD.
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USUAL RESIDENCE (IF NURS 130. STATE Mary land	13b. COUN Balt		GIVE RESIDENCE BEFORE 13g CITY OR TOWN Woodstoo	٧.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3026 Herra	wood	Rd. Wo	odsto	c, Mc
14 FATHER'S NAME Robert		WIDDLE	Myers		15 MOTHER'S MAIDEN NAM				ACT	
160 WAS DECEASED EVER (YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	215-42-		3026 Herrwood	Joseph ADDRE	BY	raglio Md. 2	1163	
18 CAUSE OF DEAT PART I. DEATH W A A A A A A A A A A A A A A A A A A	which nediote g the last	DUE TO, OR  DUE TO, OR  DUE TO, OR	AS A CONSEQUE	NCE OF	5	elme-		LOT	MANAGE AND	RVAI DEATH
190 DATE OF OPERAT	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINI	DINGS USE	D TH?

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED
In. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

NO YES [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21e PLACE OF INJURY

21f LOCATION

COUNTY STATE

sow the deceased alive an abave, (I) (All) (did) opinian death accurred on the date and have and from the causes stated DEGREE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore Maryland

Edwin L. Pierpont 23a BURIAL, CREMAT ION, REMOVAL 23b. DATE

714 INJURY OCCURRED

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

8204 Liberty Road Balto. MD.

CITY OR TOWN

1-7-82 Lorraine Park Cemetery Burial

Woodlawn

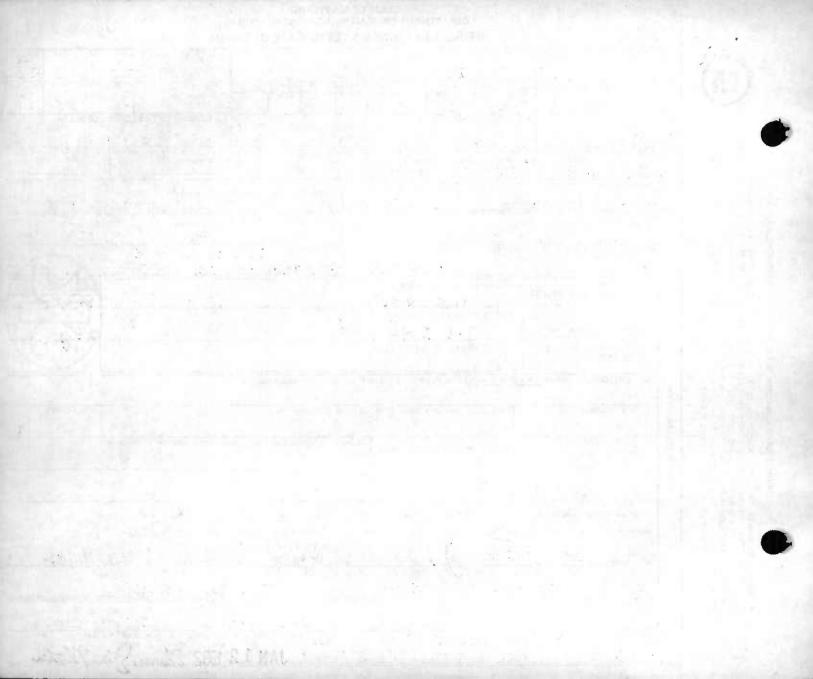
6 1982 Trans

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18

<sup>14 FUNERAL DIRECTOR</sup>Lóring Bye**rs** Funeral Directors, Enc. 8728 Liberty Road Randallstown, MD. 21133

Julius Santa Between the for the week they have flower some 144 6 1982 Tome Jan Mar Marin



11.	FOR - STATE			DEPARTA		HEALTH AND MENTAL HYG		U	0 %.	69
						ICAIL OI DIAIII				
1 2	REGISTRAR						REG. NO.			
	ECEASED NAME PE OR PRINT)	FIRST		MIDDLE		LAST		DA HTM	Y YEAR	2b. HOUR
_		Roy		rence		ER Sr.	January 2,			5:10P
3. SE	EX	4	I. RACE		S. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 24 HRS
	Male		Whi			. 11, 1915	66	YRS.		
0	BIRTHPLACE (STATE OR			WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR		F DEATH	- 3
	orth Carol		US		WIDOW	ED DIVORCED	Baltimore C			м
7 -	CITY OR TOWN OF DE		LIE NOT IN SUI	CHEACHITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPATION		LINDUSTRY	BUSINESS OF
4	ossville 2			in Square		ital	Assembler		General	1 Motor
13a. S	JAL RESIDENCE (IF NUR!	13b. COUNT	OTHER INSTITUTION TY	13c. CITY OR TOW		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	ryland	Balti	more	Essex		YES NO X	1638 Willia	ms Av	e. 212	21
14. FA	ATHER'S NAME	M	IDDLE	LAST	76.71	15 MOTHER'S MAIDEN NAM			LAST	
1		Willia	am Brew	er		7.80	Pattie Tucke:		100	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS	V.	11.0	
	(YES, NOOR UNKNOWN)		-	225 16 1	.883	Odie Brewer	Same			
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse pe	r line for (o), (b), one	d (c)				APPROXIA BETWEEN O	MATE INTERVAL MSET AND DEATH
	PART I. DEATH W			Cardiac A	MANAGE					
		IMMEDIATE	CAUSE (o)	carurac A	rresu				1 63	
	4362	MMEDIATE	CA03E (0)		11630					
	Conditions, if ony	)	DUE TO, O	R AS A CONSEQUE	ENCE OF					
	Conditions, if ony gove rise to improve 101, statu	, which	DUE TO, O	Vascular	insuf					
		, which mediate ng the	DUE TO, O	R AS A CONSEQUE Vascular R AS A CONSEQUE	ENCE OF INSUF	ficiency				
	gove rise to ima couse 101, statu underlying couse	, which mediate ng the e lost.	DUE TO, O	Vascular Vascular R AS A CONSEOUE Cerebrova	insuf	ficiency r accident	inal disease or condit	ON GIVEN	IN PART 100	,
ION	gove rise to ima couse 101, statu underlying couse	, which mediate ng the e lost.	DUE TO, O	Vascular Vascular R AS A CONSEOUE Cerebrova	insuf	ficiency	INAL DISEASE OR CONDIT	ON GIVEN	N IN PART 1(0	,
CATION	gove rise to ima couse 101, statu underlying couse	, which mediate ag the last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C	R AS A CONSEQUE Vascular R AS A CONSEQUE Cerebrova ONTRIBUTING TO D	ENCE OF insuf ENCE OF SCUla	ficiency r accident	20a AUTOPSY? 2	Ob IF YES, V	WERE FINDIN	GS USED
TIFICATION	gove rise to improve to improve to improve to improve to improve the course of the cou	, which mediate ag the last.	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C	R AS A CONSEQUE Vascular R AS A CONSEQUE Cerebrova ONTRIBUTING TO D	ENCE OF insuf ENCE OF SCUla	ficiency or accident	20a AUTOPSY? 2	Ob IF YES, V	WERE FINDING	GS USED
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	gove rise to imicouse 101, stotit underlying couse  PART 2 OTHER SIGI  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING 1 21d. INJURY OCCUR. WHILE NOTW ATWO  22a. I certify that X sow the decess obove, M (we) is	, which mediate and the selection of the	DUE TO, O  (c)  DUE TO, O  (c)  19b COND  19b COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	PR AS A CONSEQUE Vascular  PR AS A CONSEQUE Cerebrova ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  Be deceosed from  Be deceosed from	ENCE OF INSUFF SCUI a DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)  Decem	Ficiency  IT accident  NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  100 119 81  nd that in (m) (our) opinion of	200 AUTOPSY? 21 YES NOW 11 RED (ENTER NATURE OF INJURY IF CITY OR TOWN	Ob IF YES, V N CERTIFYII YES NITEM 18 PAR	WERE FINDINING CAUSES ( T I ORPART 2)  COUNTY  2 82 to and from the county	GS USED OF DEATH? NO STATE  how (we) loo
	gove rise to improve the course to the cours	, which mediate and the selection of the	DUE TO, O  (c)  DUE TO, O  (c)  19b COND  19b COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	PR AS A CONSEQUE Vascular  PR AS A CONSEQUE Cerebrova ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  Be deceosed from  Be deceosed from	ENCE OF INSUFF SCUI a DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)  Decem	Ficiency  IT accident  NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  211 LOCATION OF THE TERM  DEGREE  ATTENDING	286 AUTOPSY?  YES NOW  NOW  CITY OR TOWN  To January  death occurred on the date	DB IF YES, N CERTIFYII YES HITEM 18 PAR	WERE FINDING CAUSES (	GS USED OF DEATH? NO STATE  how (we) loo
	gove rise to im- couse 101, Stotit underlying couse  PART 2 OTHER SIGI  19a. DATE OF OPERA  21a. ACCIDENT WAS UNI OR CONTRIBUTING (FETHER, NOT BY MEDI 21d. INJURY OCCUR! WHILE WHILE WHILE WHILE WHILE Sow the decess obove, M (we) (c 22b. SIGNATURE	, which mediate ag the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  (this hospito ed olive on did) (XXXXXXI)	DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  19b. COND  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	PR AS A CONSEQUE Vascular  PR AS A CONSEQUE Cerebrova ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  Be deceosed from  Be deceosed from	ENCE OF INSUFF SCUI a DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)  Decem	Ficiency  IT accident  NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  DEPT 14. 19 81 and that in (m) (our) opinion of PHYSICIAN DEGREE	206 AUTOPSY?  YES NOW  NED (ENTER NATURE OF INJURY II  CITY OR TOWN  to January  death occurred on the date	DB IF YES, N CERTIFYII YES HITEM 18 PAR	WERE FINDINING CAUSES ( T I ORPART 2)  COUNTY  2 82 to and from the county	GS USED OF DEATH? NO STATE  how (we) loo
/	gove rise to im- couse 101, stotit underlying couse  PART 2 OTHER SIGI  19a, DATE OF OPERA  21a, ACCIDENT WAS UNI OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR! WHILE NOTWH AT WORK NOTWH AT WORK A WO  22a, I certify that X sow the decease obove, M (we) (c) 22b, SIGNATURE	, which mediate ag the selection of the	DUE TO, O  (c)  DUE TO, O  (c)  19b COND  19b COND  21b. TIME C  HOUR A.  P.  21e. PLACE (AT HOME, STI	PR AS A CONSEQUE Vascular  PR AS A CONSEQUE Cerebrova ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA  Be deceosed from  Be deceosed from	ENCE OF INSUFF SCUI a DEATH BUT OPERATIO AY YEAR 19 ARM.ETC)  Decem	Ficiency  IT accident  NOT RELATED TO THE TERM  N WAS PERFORMED  216 HOW INJURY OCCURR  211 LOCATION STREET  211 LOCATION STREET  214 19 81  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	200 AUTOPSY?  YES NOW  NOW  CITY OR TOWN  To January  death occurred on the date  MEDICAL STAFF  DIRECTOR PHYSICIAL	DB IF YES, N CERTIFY! YES VITEM 18 PAR	COUNTY  SECTION AND CAUSES (COUNTY)  COUNTY  C	GS USED OF DEATH? NO STATE  how (we) loo
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230 E	gove rise to imicouse participation of the decease	, which mediate ag the lost.  DIFICANT CO  TION  TION  CAUSE OF DEATH  CALEXAMINER)  RED  (this hospitoled olive on did) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DUE TO, O  (c)  DUE TO, O  (c)  DUE TO, O  (c)  DIP COND  196 COND  216. TIME C HOUR A. P.  21e. PLACE (AT HOME, ST)  Ottended th  Januar View the body  PRINT)  P.  21 M. D.	OR AS A CONSEQUE Vascular  OR AS A CONSEQUE Cerebrova  ONTRIBUTING TO E  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE FA  De deceosed from Y 2  Office of the content of the	ENCE OF INSUFF SCUI a DEATH BUT OPERATIO OPERATIO DECEMBER 19 ARM. ETC.)  December 19 ARM. ETC.)  NAME OF C. Law	Traccident  NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  211 LOCATION STREET  212 ADDRESS  9000 Frank  EMETERY OR CREMATORY  TO CEMETERY  TO THE TERM  TO TH	200 AUTOPSY?  200 AUTOPSY?  21  YES NOW  CITY OR TOWN  TO JANUARY  deoth occurred on the dote  MEDICAL STAFF DIRECTOR PHYSICIAL  in Square Dr  236. LOCATION Baltimore  EREC'D. BY REGISTRAR	Db IF YES, N CERTIFYII YES VITEM 18 PAR Ond hour o	WERE FINDINING CAUSES ( T I OR PART 2)  COUNTY  82  and from the c  220. DATE S	GS USED OF DEATH? NO STATE  how (we) loo

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

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Item 16b g563 1/8/82 gj

/	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT. CERTIFICATE OF DEAT			
		CEASED NAME FIRST James		Brown, Sr.	20 DATE OF DEATH MONTH DAY VIM		
	3. SE		4 RACE	3. DATE OF BIRTH  Feb. 23, 19	6. AGE (IN YEARS LAST BIRTHDAY)		
	-	// Male	White		19 62 YRS.		
- Zage	1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUNTY OF DEATH		
		Maryland ITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL NURSI	WIDOWED DIVORCE			
e S	Rã	andallston	Baltimore Count	y General Hosp.	LIVE OF WORK FOR MOST OF WORKING LIKEL INDUISTRY		
35	130	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Baltimor	VN 134 INSIDE CITY LIA	[ C O O 7 + 1.1. F7 77		
O Comine		ATHER'S NAME FIRST	MIDDLE Brown	IS MOTHER'S MAID  Margaret	MIDOLE LAST _		
00		WAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT	ADDRESS		
The di	Ye	YES, NO OR UNKNOWN)   I IF YES GIV	EWAR OR DATES) 214-01-3	379 Catherine	. Brown 5807 Leith Walk		
s ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
Mod	E				YES NO YES NO		
Hem 18 s		210. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	un .	AY YEAR.	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)		
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY S		
is mo			tal) attended the deceased from	, 19_	, to, 19, that (I) (v		
n 21		sow the deceosed plive on above, (1) (we) (did) (did no	t) view the body ofter death.	ond that in (my) (our) c	ppinion death occurred on the date and hour and from the causes sto		
VT: If Hen		1226 SIGNATURE	A Siedu	DEGREE ATTENE PHYSIC			
MPORTAN		HAFEEZ A	3 SYEDM.	13ALTI	MURE COLINTY GEN HOS		
_	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	TORY 23d LOCATION CITY OR TOWN COUNTY		
	1	Surial	Jan.9,1982 W	oodlawn	Baltimores Mary Manuelle So DATE RECURBLY TO BY THE STATE OF THE STATE		

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1	W)	Contract Contract
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ALOR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the hospital or ottending physician.	the second section of the second section secti
	ALOR ATTENDING PHYSICIAN or the hospital or ottending phy	The second second
	-4	Ä

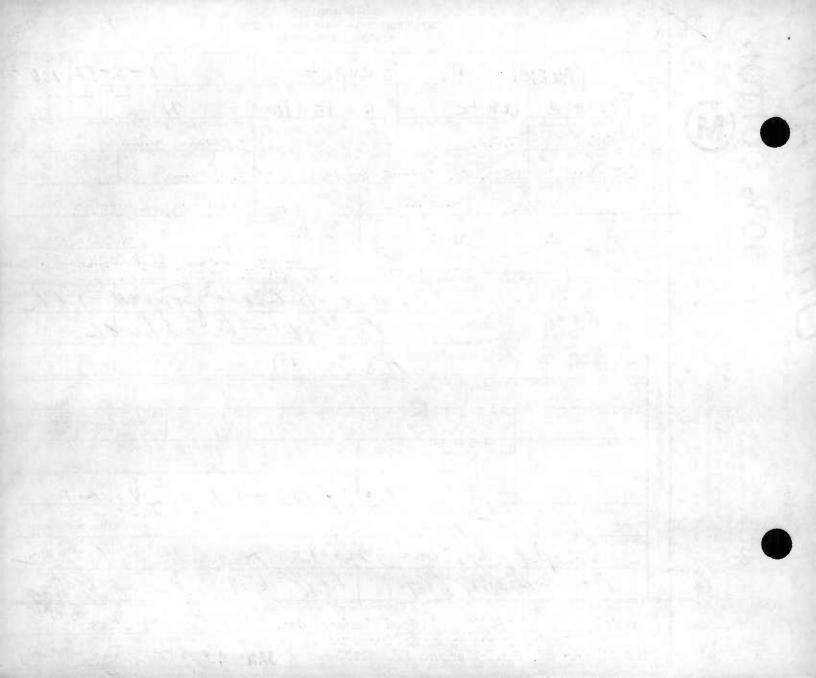
MPORTANT

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. January 25, 1982 DECEASED NAME 10:09 BROWN TYPE OR PRINT Samuel James 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male Caucasian -1901 80 yrs. YRS. Baltimore City or County of DEATH
Baltimore County 70. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Penna. USA DIVORCED | WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hosp. TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Balto. Custom Farmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Md. Balto. Balto. 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 4 Pinemont Place 21236 NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Clarence J. Brown Matilda 17 INFORMANT IN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) no Edith Brown 4 Pinemont Place 21236 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ATED TO THE TERMINA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB 14L CONDITION FOR WHICH OPERATION WAS REPEDRATED Nu: AUTOPSY MIL IF YES, WERE FINDINGS LISED 14s DIATE OF OPERATION IN CERTIFYING CAUSES OF BEATHY NOTA YES [ ] -THE TIME OF INJURY THE HOW INJURY OCCURRED. LENGTH HATURE OF THURSTON TEAL IS PART I DRIVANT OF THE ACCEPTAT WAS UNDERLYING HOUR A.M. MC DAY YEAR DE CONTRIBUTING CAUSE OF DEATH IN SITHER, HOLKY WED CALEXAMINER F:M TH LOCATION TIE PLACE OF INJURY COUNTY IV DETOWN STATE CAT HOME STREET YARREDY OFFICE FARM, ETC.). NOT WHAT () (our) opinion death occurred on the date and hour and from the causes stated DEGREE 77c DATE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9005 Harford Rd. Dr. Frank Kasik, MD 73r. NAME OF CEMETERY OR CREMATORY 2H LOCATION 23a BURIAL CREMATION, REMOVAL 23a DATE DET CHETCHAN Burial 1-30-1982 Limerick Garden Limerick. Penna. 24. FUNERAL DIRECTAL MUNICAL HOME. Inc. 250 DATE REC'D. BY REGISTRAR 256. REGISTRA 3331 Brehms Lane, Balto., Md. 21213 AN

Through Amountation with the LE LE DAN 28 1992 PLAN DE PROPERTIES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINTI 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Virginia U.S.A WIDOWED C DIVORCED [ Baltimore County 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Co. General Hospital Ret. House Mother BALTIMORE, MARYLAND 2120 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. MD Woodlawn 7327 Windsor Mill Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Small Bertho Puckett ADDRESS 6629 Dogwood Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No Balto. 214-20-9673 18 CAUSE OF DEATH (Enter only one couse per line for (4) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OR AS A CONSEQUENCE O if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ sh 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (was (did) (did not) view the body ofter death 22h SIGNATUR DEGREE DATE SIGNED ATTENDING PHYSICIAN TO FUNERAL D should be detoo with the Stote D DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial Ellicot 1/4/82 Good Shepherd Cem. Howard City Loring Byers Funeral Directors DHMH - 16 50M 1/B1 (VRA 15, 4) 8728 Liberty Rd. Randallstown, Md. 21133



Lemmon-Mitchell-Wiedefeld, 10 W. Padonia RdJAN 12 1982

DHMH-16 30M 2/80

(VRA 15, 4)

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BP. DHMH-16 30M 2/80 (VRA 15, 4)

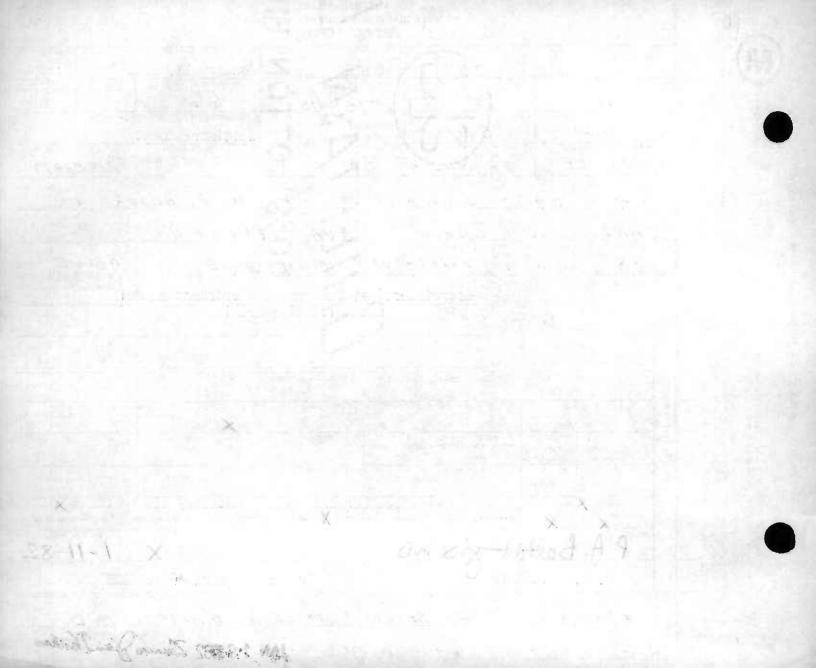
	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE & 2	0 0 2	9/			
		CEASED NAME FIRST NAME OR PRINT)	M. Bruns		AST	January 24		26 HOUR A.			
	3. SEX	Female	4. RACE White	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
35	Ba	RTHPLACE (STATE OR FOREIGN  TY OR TOWN OF DEATH	7b. CITIZEN OF WHAT C U.S.A.	MARRIEI			e County	MD.			
10	Ca	tonsville  AL RESIDENCE (IF NURSING HOME OF	Summit A	ursing H		(TYPEOF WORK FOR MOST OF WOR Housewife	RKING LIFE) INDUSTRY	Dr BUSINESS OK			
35	13a. S		Nimore 13 Co	YORTOWN	13d. INSIDE CITY LIMITS?  YES NOX	2 Arthur	Avenue				
30		Charles	Schu Schu		Annie	MIDDLE	Roddy				
1	16a V	VAS DECEASED EVER IN U.S. AF (S. NO OR UNKNOWN) (IF YES, GI		00 CIAL SECURITY NO. 10 P. 10	D-Mrs. Ann	onsville press		28. Ur Ave.  (MATE INTERVAL ONSET AND DEATH			
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A (	CONSEQUENCE OF	NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	01			
2	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATION		YES NO	. IF YES, WERE FINDI CERTIFYING CAUSES YES [	NGS USED S OF DEATH? NO [			
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 218. INJURY OCCURRED	HOUR A.M. M. R) P.M.  21e. PLACE OF INJU	ONTH DAY YEAR 19 JRY	21f LOCATION	JRRED (ENTER NATURE OF INJURY IN IT	(EM 18, PART I OR PART 2)	SIATE			
	W	WHILE AT WORK NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  20.1 certify that (I) (this hospital) attended the seceosed from 3, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10									
		27% SIGNATURE	huce, no.	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		SIGNED			
		A.L. VANO	E.H.D		413 Co	MMONWEALTH	AVE 2	1228			
	- (	BURIAL, CREMATION, REMOVAL BURIAL	1/27/82		EMETERY OR CREMATOR C	emeteru -	altimore				
	24. FL	JNERAL DIRECTOR OLD	aling Juneral & 36 Edmondson &	ADDRESS TOL.	25a. D	JAN 27 1982	REGISTRAR'S SIGNA	Mathen			

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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(TYPE OF WORK FOR MOST OF WORKING LIFE

CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH 26 HOUR CALLAHAN 8 182 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

67

FRANK 3 SEX 4. RACE MALE CAU.

Baltimore

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

WW TT

76 CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

14 MARRIED X NEVER MARRIED WIDOWED

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 120 USUAL OCCUPATION

Plumber

13e. STREET ADDRESS

126 KIND OF BUSINESS OR INDUSTRY Westinghouse

TOWSON

MD

14. FATHER'S NAME

Yes

CERTIFICATION

MEDICAL

WHILE

Mental Hygiene

Should be detor with the State [

MPORTANT

00

STATE

DECEASED NAME

TYPE OR PRINTI

To. BIRTHPLACE

13a. STATE

REGISTRAR

GBMC-6701 GIVEN THARLES ST. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Woodlawn

13d. INSIDE CITY LIMITS?

NOXX 15. MOTHER'S MAIDEN NAME

Katherine

CANCER OF PROSTATE

5800 Gwynn Oak Ave. MIDDLE

Mauer

Joseph Callahan 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

I STATE OF FOREIGN

Michigan

16b SOCIAL SECURITY NO 711-16-5432

METASTATIC

17 INFORMANT

<sup>IT INFORMANT</sup> Mrs. Virginia Callahan 5800 Gwynn Oak Ave., Baltimore, MD 21207

PART I. DEATH WAS CAUSED	BY.
1850 MMEDIATE	CA
Canditians, if any, which gave rise to immediate	5
couse (a), stating the	1

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. P.M.

MONTH DAY YEAR 19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on\_ abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

MD 22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING PHYSICIAN [

MEDICAL DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED 18

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

L. JACOBS.M.D.

23b. DATE

211 LOCATION

GBMC-6701 CHARLES ST.

DHMH - 16 50M 1/81 (VRA 15, 4) 8728 Liberty Rd., Randallstown, MD

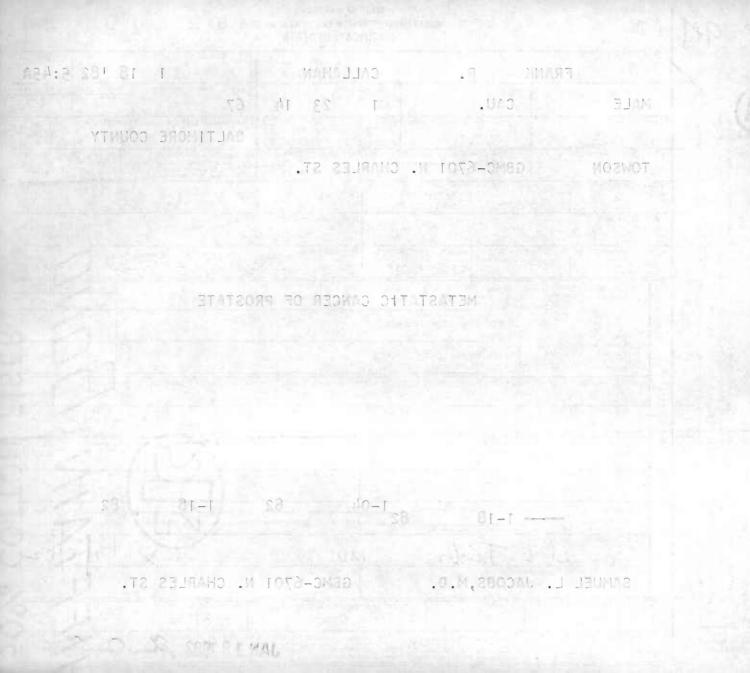
Burial 1/21/82 Woodlawn Cemetery

Woodlawn

200 AUTOPSY?

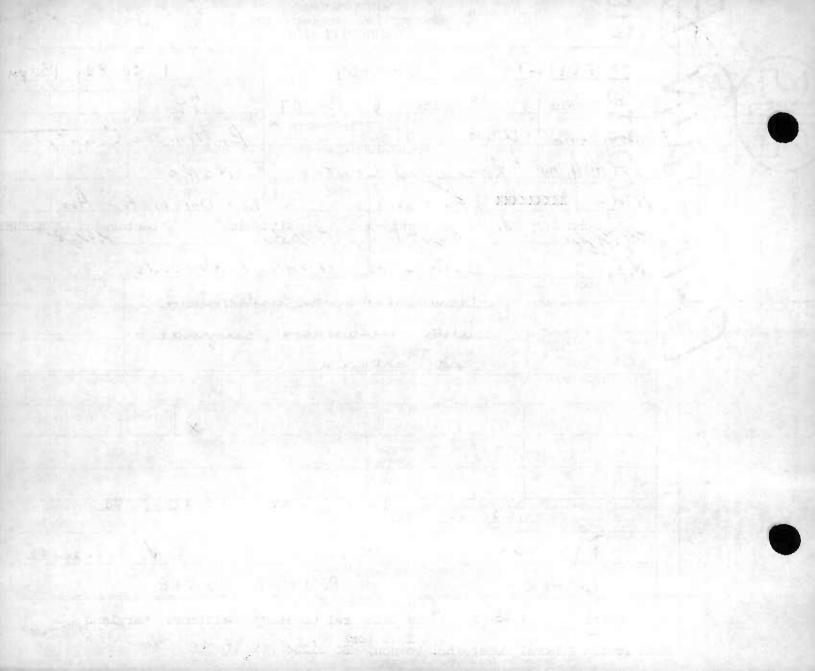
Baltimore

Loring Byers Funeral Directors, Inc 250 DATE REC'D. BY REGISTRAP'S SIGNAPURE



I. C. C. MUCCI J. MUCK II, EM. L. LO. iii 27 M 27 THE COURT OF THE COURT Parameter World Into State World Wor as the most to so of the most ution /-/-3 (2000) and 1000 (2000) and 1000 (2000) Conceed on the Man Toma in Stand of the Market

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-		CEASED NAME FIRST E OR PRINT)	WIDDLE	ASSIDY	REG. NO.  26. DATE OF DEATH MONTH	20 82 1:50
(M)	3. SE			DATE OF BIRTH  MONTH DAY YEAR  13 07	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MA
the funeral discussion of within 72 had with	F	ENNS4/VANIA			9 BALTIMORE CITY OR COUNTY Baltim de 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS
should be filled in by the should be filled her must be notified.	130.	AL RESIDENCE (IF NURSING HOME OR OF THE STATE TO THE STATE TO THE STATE TO THE STATE OF THE STAT	13c. CITY OR TOWN	MISSION)  13d. INSIDE CITY LIMITS?  YES \( \text{NOTHER'S MAIDEN NA} \)	NoNe 13e. STREET ADDRESS 120 Dorche	ster Ave.
ord complete ages 1 and 2 edical galling		FIRST John MIE WAS DECEASED FOR IN U.S. ARME VIS. NO CHILDREN OWN.		idy Eli		auterbach LXXX
physician a papel Pa naval. rent, the m		18. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and (c	3954 Medie	Al Kecord	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
signed by the attendine please remove cain be please remaye cain burial, cremation, a jury, ar other traumat	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  NOITIONS CONTRIBUTING TO DEA	metastases	, Driggin al	GIVEN IN PART 1(0)
hos been r permit. T ene prior pws any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES \( \text{ NO } \equiv
burial-transit Mental Hygi or Hem 18 sh	MEDICAL CER	21a   ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)   21d   INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH DAY P.M.	19	RED (ENTER NATURE OF INJURY IN ITEM	
After this is as the bualth and Marked or	WEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
6 5		22a. I certify that (1) (this haspital saw the deceosed alive on abave, (1) (we) (did) (did nat) v	iew the body after death.	, and that in (my) (our) opinion	death occurred on the date and t	, 19 5 , that (I) (we) I nour and from the causes stated
ERAL DIRECTOR of detached for the State Dept. of H ANT: If Item 21 is		226. SIGNATURE RIQUE	ar		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME (TYPE ORPR		ROSEWOO	DD CENTRE	
√s 3 <u>₹</u>		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	25	ME OF CEMETERY OR CREMATORY  Cathedral Cemete:	23d LOCATION CITY OR TOWN Baltimore,	COUNTY STATE
0M 1/81 5, 4)	24. F					



4	STATE OF MARYLAND  1 - STATE - REGISTRAR  STATE OF MARYLAND MENTAL HYGIENE 8 2 0 0 3 0  CERTIFICATE OF DEATH  REG. NO.									
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11/2	Female		White 7			74	123	6. AGE (IN YEARS LAST BIRTHDAY)  JE UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
• (M)99		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.   WIDOWE  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL OF			OR OTHER INSTITUTION		BALTIMORE COUNTY OF DEATH BALTIMORE COUNTY  MD.		
ure ofter thy the		TOWSON						120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPIPO WORK FOR MOST OF WORKING LIFE) INDUSTRY!		
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Complete		Frank	MIDDLE	jrubowski.	ubowski		MAIDEN NA IRST CONOR	Marshall LAST		
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RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the ottending physic Then please remove carbongage to burial, cremotion, or removal, injury, or other troumatic event, th	NOI	18 CAUSE OF DEATH (Enter only one couse per line CARD LOPULMONARY FAILURE AND ARREST BATTERY ALL PART I. DEATH WAS CAUSED BY:    STORY OF THE PART I. DEATH WAS CAUSED BY:    CARCINO MA AS OF DEATH INTRAFER FROM THE PART OF								
AL RECORDS, The low requir tion. The low requir tion. The permit. Then tip permit. Then thows ony injury	MEDICAL CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH	OPERATION	WAS PERFOR	MED	IN CERTIF	S, WERE FINDING FYING CAUSES O	S USED F DEATH?
DIVISION OF VITAL RE NG PHYSICIAN: The Ic ottending physicion. fler this certificate has os the buriol-transit per th and Mental Hygiener orked or Item 18 shows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	R) P	OF INJURY  .M. MONTH D.  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	216 HOW INJU		RED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)  COUNTY	STATE
ITAL OR ATTENDI by the hospitol or ERAL DIRECTOR, A defloched for use Stote Dept. of Heal		WHITE NOT WHITE AT WORK  270. I certify that M (this hasp saw the deceased alive or obave. (M we) (did) (did) (27b SIGNATURE)  22d. PHYSICIAN'S NAME (1996)	ital attended the Nan 4 to Kiview the body		ECEM	EGREE AT	7, 198 our) opinion ( TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	uses stated GNED
da celoined TO HOSP should be with the S		Hater Ah JURIAL, CREMATION, REMOVAL SPECIFY BURIAL				METERY OR CR		23d LOCATION Eastern Blvd.	Balto Co	MSTATE
DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR  S. Zeilen & Son	Inc. 62				JA	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATUR	atten

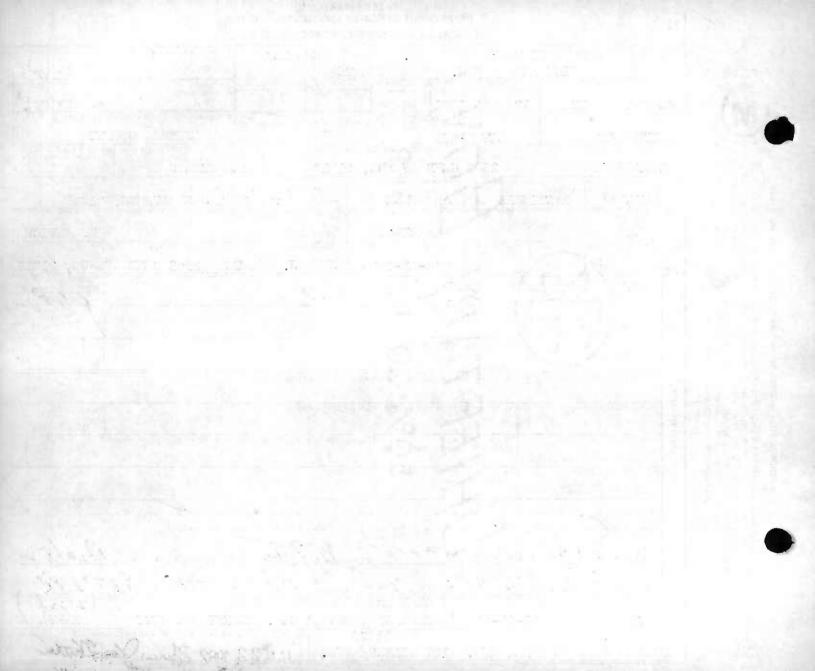
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· STATE OF MARYLAND

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FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AKA VIKTORYO 20. DATE KNOWN P M. CHESTER (TYPE OR PRINT) OF ESTI-DEATH MATED 1985 VICTORIA M. CHESTER 6. AGE (IN YEARS IF UNDER 1 YR. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 26. DATE MONTH LAST BIRTHDAY PRONOUNCED 198 FEMALE DEAD WHITE 12 23 1891 90 b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED X DIVORCED BALTIMORE COUNTY LITHUANTA LITHUANTA D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 2502 GEHB AVENUE, LANSDOWNE SEAMSTRESS 8E ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION SHOULD 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE MARYLAND LANSDOWNE 2502 GEHB AVENUE, 21227 YES [ NO K A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ₩. AND 2 MIDDLE MIDDLE LAST ADAM MAZEIKAS ANNA KURSEVICHS FORM 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) NO 220-03-1730 2502 GEHB AVENUE, JOHN J. CHESTER CAUSE OF DEATH (Enter only one cause per line to (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL YES 🗌 NO [ 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M OR 21e. PLACE OF INJURY (AT HOME. 71d. INJURY OCCURRED If. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that Llook charge of the remains described above, held an Autopsy Inspection and in my apinion Undetermined manner TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, B BALTIMORE, MA EXAMINER'S NAME TYPE OR PRINT ADDRES: 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY SPECIFY COUNTY BURIAL 01-23-82 MOST HOLY REDEEMER CEM BALTIMORE CITY BP 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) HUBBARD FUNERAL HOME 4107 WILKENS AVE. INC. 30M 7/73

STATE OF MARYLAND



Colaw 907 Woodsdale Rd 220-24-8898 Mrs. Bethanne Hamrick Balt, Md. 21228 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) COUNTY STATE and that in (my) (and opinion death accurred an the date and have and from the causes stated 22c. DATE SIGNED Gwynn Oak Ave. Baltimore, Md. BP Burial Lawn Gardens Marriottsville Howard. Md. 24. FUNERAL DIRECTOR DHMH - 16 50M 1/B1 Catonsville, Md. (VRA 15. 4) JAN 1 MacNabb Funeral Home

FOR - STATE REGISTRAR

TYPE OR PRINT

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

INDUSTRY

1982

26 HOUR

12b. KIND OF BUSINESS OR

Government

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by the ottending physicion and cose remove corbon popers. Page

MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detoched for use as the buriol-tronsit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

etoined by the hospital or

DHMH - 16 50M 1/8I (VRA 15, 4)

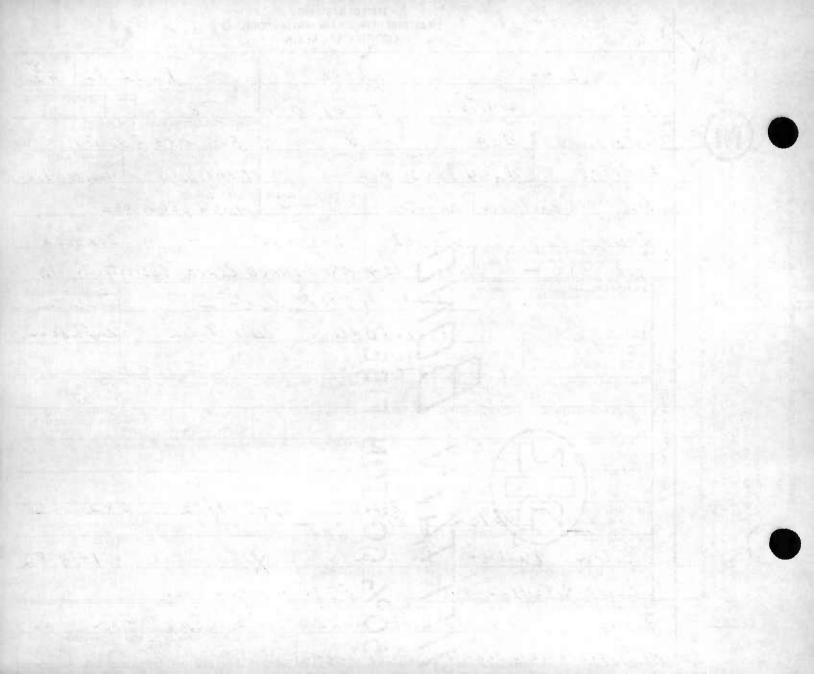
MARZULLO FUNERAL SERVICE

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	LEN	**	CLARK	/	12 82 9 Am
3. SI	EX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
L	FEMALE	WHILE	5 02 03	78	YRS.
7 a. E	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUR	NTRY? 8  MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
15	WITZERLAND	U.S.A.	WIDOWED DIVORCED	O BALTIMOR	E COUNTY ME
10. (	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	JURSING HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS OR
1	ARBUTUS	4, 5, 1, 4, 10	EDS AVE	COMPANION	4.4
USU	JAL RESIDENCE (IF NURSING HOW	E OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		110030 MEFER
130	MD R	DUNTY 130 CITY OF	R TOWN 138 INSIDE CITY LIMITS		FOC DUE
14 F	ATHER'S NAME	ALIMEN FIND	15. MOTHER'S MAIDEN	1 4204 LEL	-US HVL
1	FIRST	MIDDLE	ST FIRST	MIDDLE	LAST
160	WAS DECEASED EVER IN U.S.	APMED FORCESS 1145 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS	LENDLER
		GIVE WAR OR DATES)			
	No	1×6-4	20-3614 MRS RICH	ARD CLARK I	LLICOTT CITY, MD.
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one couse per line for (a), (	b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (o)	we last ogsi	4 Three	ashler
1	17170	DUE TO, OR AS A CQN	SEQUENCE OF		
	Conditions, if ony, which	1	lew school 1	Hear disen	lufnoen
	gove rise to immediate couse (a), stating the	10/			Maria Farancia
	underlying couse lost	Jose To, Oli AS A COIN	SEQUENCE OF		
	PART 2 OTHER SIGNIFICAN	VI CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	EDANNIAL DISEASE OF CONDIT	CONTRACTOR DARKET
Z		THE CONTRACTOR OF THE CONTRACT	<u> </u>	ENMINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
CERTIFICATION	19a DATE OF OPERATION	19h. CONDITION FOR W	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
문				11	N CERTIFYING CAUSES OF DEATH?
E	21a. ACCIDENT WAS UNDERLYING	D 214 THAT OF INJUIDY	121- 110-14 111111111111111111111111111111	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF		H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)
₹	(IF EITHER NOTIFY MEDICAL EXAM		19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	(ATTIONE, STREET, PACTORT, C	PFICE, FARM, EIC		3,410
	220.1 certify that (I) (this ha	ospital) attended the deceased f	rom 7/18 19/	7 10 1/13	, 19 2 , that (I) (we) lost
1	sow the deceased alive	on 12/33 I not) view the body ofter death.	19, and that in (my) (and opin	nion death occurred on the date	and hour and from the causes stated
	22b. SIGNATURE	not) view the body offer death.	DEGREE		22¢. DATE SIGNED
	10 0 m	Ville	ATTENDIN	G & MEDICAL STAFF	
1	22d. PHYSICIAN'S NAME (TY	TE OF PRINT	PHYSICIAI	DIRECTOR PHYSICIAN	NU 1-15-02
	Chief A	1	ADDRESS		
1	CLIFF KAT	Litt, JR. MD.	13772 W	ESIVIEW MALL	
23a.	BURIAL, CREMATION, REMOV	/AL 23b. DATE	23E NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY STATE
	200TB	1 1/ 03			SIATE
	BURIAL UNERAL DIRECTOR	1-15-82	WOODLANN COMETE	RY ALSTONBURG	TICGA PA.

REISLERSIONN, MD.



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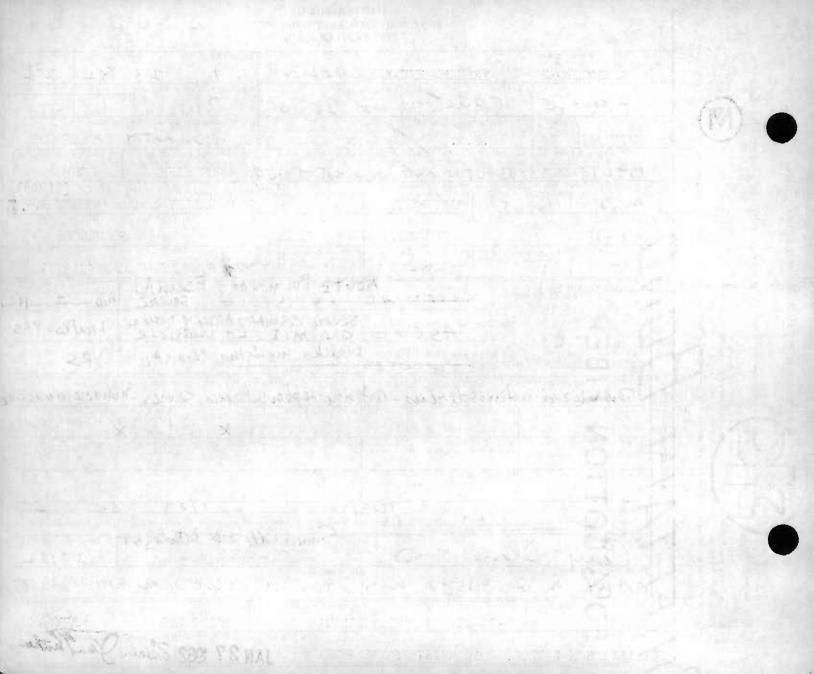
STATE OF MARYLAND

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STATE OF MARYLAND

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/	1	FOR				OF MARYLAND			0.7	2	1 1
1	1.	STATE REGISTRAR		DEPART		EALTH AND MENTA ICATE OF DEATH			0	1 0	
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page 3	(TYPE	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX	XXXXX	COPLIN	0	1 -	2-3	82	224 AM
may pag	3 SE	X	4 RACE		5. DATE O			AGE (IN YEARS LAST BIRTHDA	(Y) IF U		F UNDER 24 HRS
- 8 6		FEMALE	CA	MCASIA	N /2			71	YRS.	THS DAYS	HOURS MIN.
a (IVI)		IRTHPLACE (STATE OR FOREIGN -		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIE	ED - 9 1	BALTIMORE CITY OR C			
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24 hay 21: 24 hay avid be must be	13a. S	AL RESIDENCE (# NURSING HOME OF ATTE		13c. CITY OR TOW BALTIMO	/N 1	13d. INSIDE CITY LIM	AITS?	STREET ADDRESS 201 VALLEY	count		(21208) RT APT 7
YLA ithin thin 2 sho	14. FA	ATHER'S NAME	7/			15. MOTHER'S MAID			Country	7 000.	111 14 16
MAR wed w		LOUIS	MIDDLE	SUGAR	MAN	LEN	ΙA	WIDDLE	SC	ONNEBOI	RN
e execut n ond co Poges 1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS	7/71		200
TIMO Du or S. Pog		NO	SHE WAR OR DATES)	219-20-	7905	GERALD TR	AUB 7	937 STEVENS		AD (212	208)
or physicic on paper emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per SED BY: ATE CAUSE (0)	r line for (a), (b), or	HA-C	AYSY	MON	MRY FDein Seve	/	BETWEEN ON	SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN; The law requires that the deoth certificate be executed within 24 hours retending physician.  The this certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remave corbon papers. Pages 1 and 2 should be fifth the and Mental Hygreine prior to buriol, cremotion, or removal.  The notation of the medical exeminer must be for a corbon page.		Conditions, if any, which gove rise to immediate		R AS A CONSEQU	ENCE OF	OLD M.	. I .	7 AFTERY DE 2+ vontric	seere	Hout	lo-YRS
that the by the eose remail, creminal		couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQU	ENCE OF	Dialetes 1	melli	tus, czinici	AL	YR.S	
rRDS, 20 equires in signe. Then pl r ta buri injury, c	NO	PART 2 OTHER SIGNIFICANT  GENERALIZED	CONDITIONS CO	Solerow	- and	Onolo 201	UNO SOL	Prous Shur	ON GIVEN I	MIRE E)	Music Live
AL RECO	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED				ERE FINDING G CAUSES OF	
SION OF VITY. PHYSICIAN, T ending physici this certificore to buiol-tronsi ad Amental Hyg d or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.		AY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART 2)	
VISION  G PHYS or this ci the bur ond Me ked or if	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ENDING tal ar oth one of the other other of the other		22a I certify that (I) (this has	pital) attended th	ne deceased from_	1/20	152 19		to 1/23	19.6	12_ the	ot (I) (mc) lost
TTEN pital TTOR far u of H		sow the deceosed alive a obove, (1) (we) (did) ( <del>did r</del>	in 1/2	ofter death	1 2 an	d that in (my) (our) o	pinion deat	h occurred on the date of	and hour one		
OR A DIRECTOR DIRECTO	1	226. SIGNATURE	NO.	oner deom.		EGREE SUME		, to talkel	ORKT	22c. DATE SIC	GNED
		(ough	Marse	en my	)	ATTEND PHYSIC	ING D	KEDICAL STAFF IRECTOR PHYSICIAN		1/2:	3/02
O HOSPITAL etained by the TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (TYPE	/	ssen	45	22e. ADDRESS		BEWEDE		215 Y	2417
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0000	230. 6	BURIAL, CREMATION, REMOVA   BURIAL	236. DATE 1-24-		NSHE I	METERY OR CREMA	TORY	23d. LOCATION CITY OF TOWN BALTIMORE	co	MAI	RY LÂND
DHMH - 16 50M 1/81	24 FL	JNERAL DIRECTOR	1-24-	UZ A	TOTTE I		5a. DATE RE		REGISTRAF	SIGNAT	Water
(VRA 15, 4)	SC	OL LEVINSON & E	BROS. 601	LO REISTE	RSTOWN	N ROAD	JAN	27 1982 2	perces	Jan	account



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CASIC LEGISLAND SERVENAGE LANGE LANG

Mitchell-Wiedefeld Home 6500 York Rd.

(VRA 15.4)

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		ME		EXAMIN	ER'S C	ERTIFICATE C	OF DEAT	TH RE	G. NO.		
		CEASED NAM	E FIRST		MIDDLE			LAST	2	DATE KNOW	N MONTH	DAY YEAR	2b. HOUR
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<b>完成的</b>	3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA EAST BIRTHDA	RS IF UN			C. DATE RONOUNCED	MONTH	DAY YÉAR	2d Mour
10000	-	le	Caucasia	1-1	1910	71 YR	· Mortin	DATS HOURS		DEAD	/	22 19 82	10M
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A A GE	Ra	indalls	town		re Cou	inty Ge	neral	erinstitution L Hospital	Sal	OCCUPATION OST OF WORKING LIF ESMAN RE	(TYPE OF WORK	OR INDUST Hardwar	TRY
AND 3 RETAIL HOULD	13a. S	AL RESIDENCE	(IF IN NURSING HOME OF 13b. COUNT Bailt		13c. CITY Reis	OR TOWN	wn	13d. INSIDE CITY LIMITS? YES NO 🔀	135115	T ADDRESS Carawa	y Read,	Apt. Al	
MATH PS - S - S - S - S - S - S - S - S - S		ATHER'S NAM	Davis	MIDDLE LAST Blanche					en name iesle	r MIDDLE		LAST	
LTIN AFT NE PRES SIO	160.	WAS DECEASE (ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	VAR OR DATES)		-09-838		17. INFORMANT  Connie Ar	ringt		RESS 9 Essex	r Road	
ST., N 18 VG VG		18 CAUSE C PART I DI	DF DEATH (Enter and EATH WAS CAUSED IMMEDIAT	y ane cause per lin BY: E CAUSE (a)	e foja), (b	of Specific	VL	19			FIELS	APPROXIMAT BETWEEN ONSI	E INTERVAL T AND DEATH
W. PRESTON WITHIN MINER A TRANSIT NTAL HYOE		gave r	ins, if any, which ise to immediate ) stating the <u>under-use last</u> .	(b)		ISEQUENCE C						/	
CORDS, 3 BE EXECTUDING, 11 AEDICAL AS A BUR ANTION,	NOI	PART 2 OTNER S	IGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (a),				
F VITAL REC TE SHOULD WORD "PEN HE CHIEF A D BE USED .	IIFICAT	19a. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	W NOITA	AS PERFORMED?				20. AUTOPSY	? NO [24]
ON OF VII	MEDICAL CERTIFICATION		AL CAUSE WAS  OR  NG CAUSE OF D	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HC	OW INJURY OCCURRE	ED (ENTER NA	TURE OF INJURY IN I	TEM 18 PART 1 OR		
DIVISION HIS CERTANDED VARDED AGE 3 SI ATE DEP	MEDIC	21d. INJURY		21e. PLACE	OF INJURY	(AT HOME.		CATION		CITY OR TOWN	c	COUNTY	STATE
XAMINEI XAMINEI ID BE FO WITH THE		220. I cert death result ACTUAL SIGNATURE	Your.	e of the remains de al causes	Accident		Autops	y , Inspectia , Hamicide , TITLE (SPECIFY)	Undeter	Inquiry Inquiry Imined manner	and in my o	1/3/	182
TO MEDICAL E EXECUTE THE C PAGE A SHOU AFTER DEATH AFTER DEATH BALTIMORE, MA	23a. E	EX AMINER'S (TYPE OR PRI	NT)	- W, 11	1 A M	SOM NAME OF CEM	AETERY OF	ADDRESS 55	50 S	ATION	NAS:	2 Pixzi	2-26 STATE
BP		SPECIFY) Burial UNERAL DIRECTOR	<u>h</u>	/26/1982				rial Park	Cat	onsville		timore Co	
(VR A15 ME (5)) 30M 7/73	11	104101	14 60 R	711 /2 - Jan	ODLAV	N MEMO		Pd 3	ER T	1984	Name	Jan la	Clam

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exemination

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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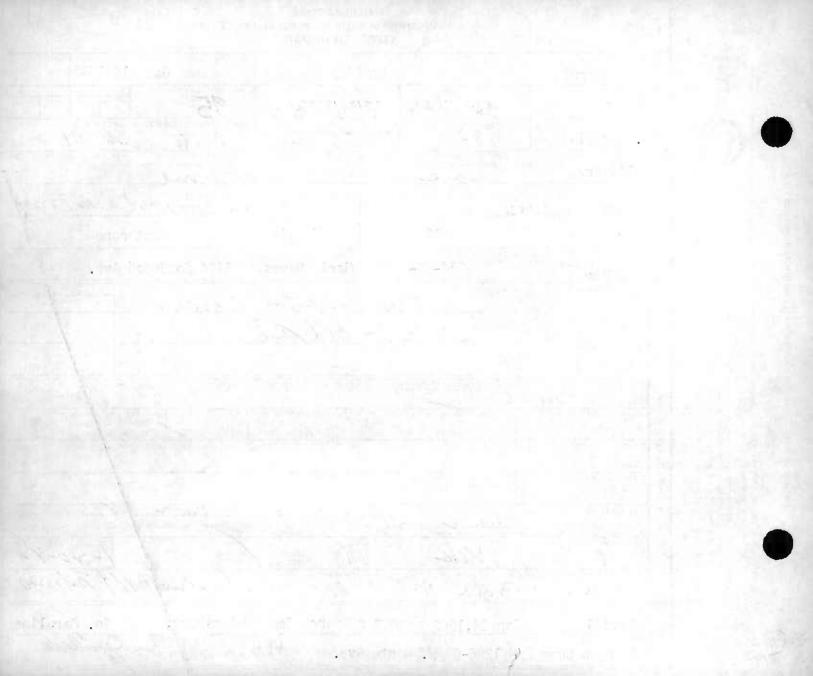
	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME E OR PRINT)	Jane	MIDDLE		avis	20. DATE OF DEATH 01/29/8	MONTH D	AY YEAR	2b. HOUR 4:30P
3. SE	Y	4. RACE	110	5. DATÉ C		6. AGE (IN YEARS LAST BI		IF UNDER LYEAR	M
1.00	Female	Whit	A	MONTH	_DAY YEAR	6. AGE (IN YEARS LAST BIT		ONTHS DAYS	IF UNDER 24 HRS
70 B	IRTHPLACE (STATE OR FO		WHAT COUNTRY?	July 8.	-0.5	9 BALTIMORE CITY O	YRS.	OF DEATH	
	Calif.	IIS	Δ	MARRIE	DI DIVORCED			Count	У
10. C	ITY OR TOWN OF DEAT			G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
	Towson	J - 6	CHEACILITY GIVE STREET A	T -	กลสำ	Professo			Lege
USU I3a.	AL RESIDENCE (IF NURSIN	NG HOME OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		1 002.	2000
	Md.	Balto.	Towso		YES NO	602 Mar	wood :	Rd.	
14 F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
	George		oughland		Edna		N.	Day	
	WAS DECEASED EVER IN YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR			
	No		473 12	0727	Louis D. I	Davis	Same		
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one cause per AS CAUSED BY:	r line for (o), (b), and	(c).)	n n			BETWEEN	MATE INTERVAL ONSET AND DEATH
	1749"	MMEDIATE CAUSE (0)	Brei	156	<u></u>			10	YCATS
	111		R AS A CONSEQUE	NCE OF					
	Conditions, if ony, gove rise to imme	which (b)_							
	couse (a), stating underlying cause	the DUE TO, O	R AS A CONSEQUE	NCEOF					
		(c)							
Z	PART 2. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	1
CERTIFICATION	19a. DATE OF OPERATION	ON 19b. COND	ITION FOR WHICH (	OPERATION	WAS PERFORMED	20g AUTOPSY?	120b. IF YES.	WERE FINDIN	GS LISED
TEIG						YES X NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDER				21c. HOW INJURY OCCURR				NOA
	OR CONTRIBUTING CA	OUL OI DEMIN	M. MONTH DA	Y YEAR					
MEDICAL	21d. INJURY OCCURRE	D 21e PLACE	OF INJURY		21f LOCATION		_		
Σ	WHILE NOT WHILE	E (AT HOME, STI	REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		his hespital) ottended th	e deceosed from	JANUA	17 19 77	_ to JANUA	ry 29	9.82	that (I) (we) lost
	sow the deceased obove, (1) (wa) (die	olive on JANKAP	y 19 19 8	2 on	d that in (my) ( <u>our)</u> opinion o	deoth occurred on the d	ote and hour		
	22b. SIGNATURE	11- 01	///		EGREE			22c. DATE	SIGNED
	Mille	cam Bla	u han	14	ATTENDING PHYSICIAN D	MEDICAL STAI	F IAN []	1/3	9/82
	224 PHYSICIAN'S NAM	AE (TYPE OR PRINT)	0		22e. ADDRESS		8,7-6	1/-	1/0/-
	William	P. VAugl	ran M	0.	600 N. Wolfe	oSt. BAlt	imore	0 21	205
	SURIAL, CREMATION, RE			AME OF CE	METERY OR CREMATORY	23d. LOCATION		COUNTY	
	Cremation	1-30-			ty Process	Catonsv	ille 1	Balto.	. Md.
	JNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	THE SEGISTR	AR'S SIGNAT	RE
He	enry W. Je	enkins & S	ons Co.	,Balt	o.Md. FE	3 1 1982	name	Janla	San San

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	1.	FOR STATE REGISTRAR		DEPA	ARTMENT OF H	E OF MARYLAND TEALTH AND MEN' TICATE OF DEA'		INE 8 Z	0	0 3	1 8
		CEASED NAME FIRST CAPPRINT) Carrie		AIDDLE		kins			Jan 1		26. HOUR
P	3. SEX		4. RACE	,	5 DATE O			AGE (IN YEARS LAST BIRTI		F UNDER 1 YEAR	M IF UNDER 24 HRS
		F	904	neg!			YEAR	95		ONTHS DAYS	HOURS MIN
7	\$	RTHPLACE ISTATE OR FOREIGN O. Carolina	76 CITIZEN OF	WHAT COUNT		D NEVER MARK	SIED 🗆	BALTIMORE CITY DE	County	of DEATH	√ MD.
0		Baltimore	(IF NOT IN SUC	HEACILITY, GIVES	TREET ADDRESS)	or other institut		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF			F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE !		13d INSIDE CITY L	×	3e. STREET ADDRESS	oral	he Por	trivy
30	14 FA	Cornelius	MIDDLE	Ha 1'1st		15 MOTHER'S MA			Gunthr	ope LASI	
		VAS DECEASED EVER IN U.S. AF	RMED FORCES? /E WAR OR DATES)	214-56	5-8450	Marie Ha	yes	1424 Goo		Ave.	g TY
The second second	TION	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSE	EQUENCE OF		age THE TERMIN		DITION GIVER		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFORME	D	20a. AUTOPSY?	ZOB. IF YES, JM CERTIFY! YES	WERE FINDIN	OF DEATH?
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK	21e PLACE C	M, MONTH M.	19	21f. LOCATION	OCCURRE	D (ENTER NATURE OF INJUR		COUNTY	STATE
		22a.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did) no 22b. SIGNATURE	na	1-3	19 <u>6/</u> , or	DEGREE		ath accurred an the da			that (1) (we) last causes stated
		27d. PHYSICIAN'S NAME (TYPE OF	2000	KN	17)		Fus	MEDICAL STAF DIRECTOR PHYSIC	AN 🗆	11-m	41170
	{5	BURIAL, CREMATION, REMOVAL Burial	Jan 24			Church	Cem	Winnsboro	C	So. C	arolina
		n Che Brown Comm	F/H 1206	-08 ADDRESS	North	Ave.	FEB	TO BY REGISTRAR	MEGISTR Name	SIGNA	STA-

DHMH - 16 50M 1/76 (VR A 15 (4))

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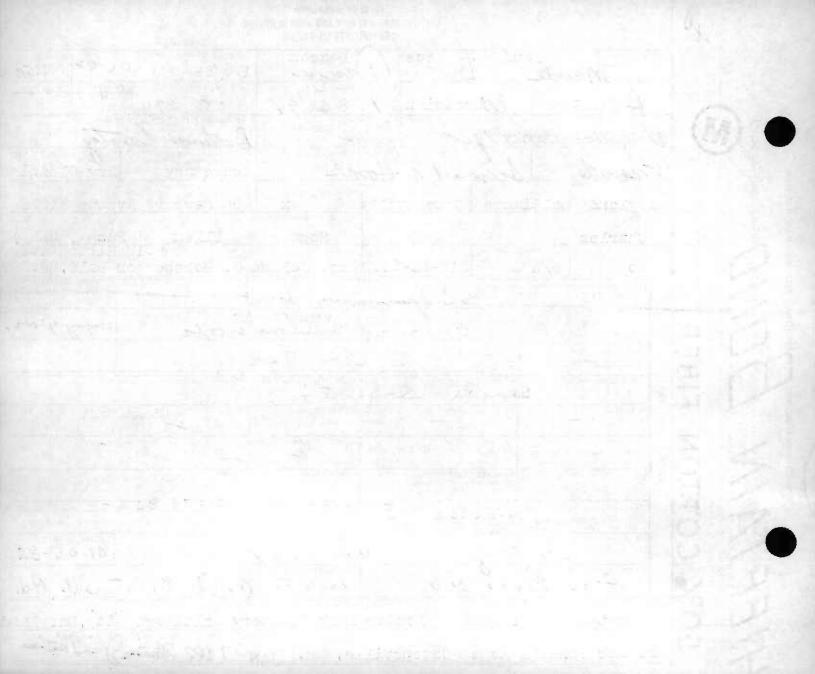


- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

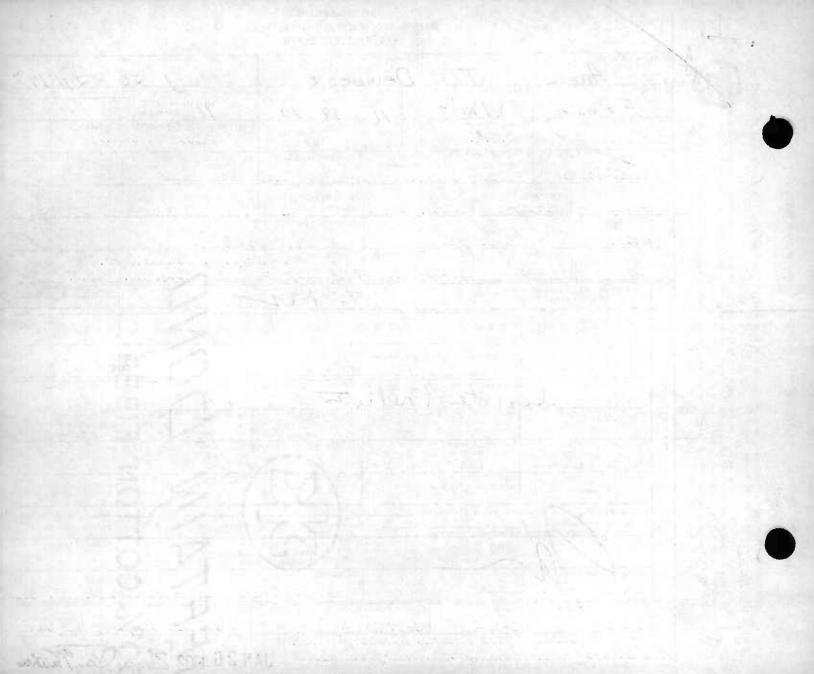


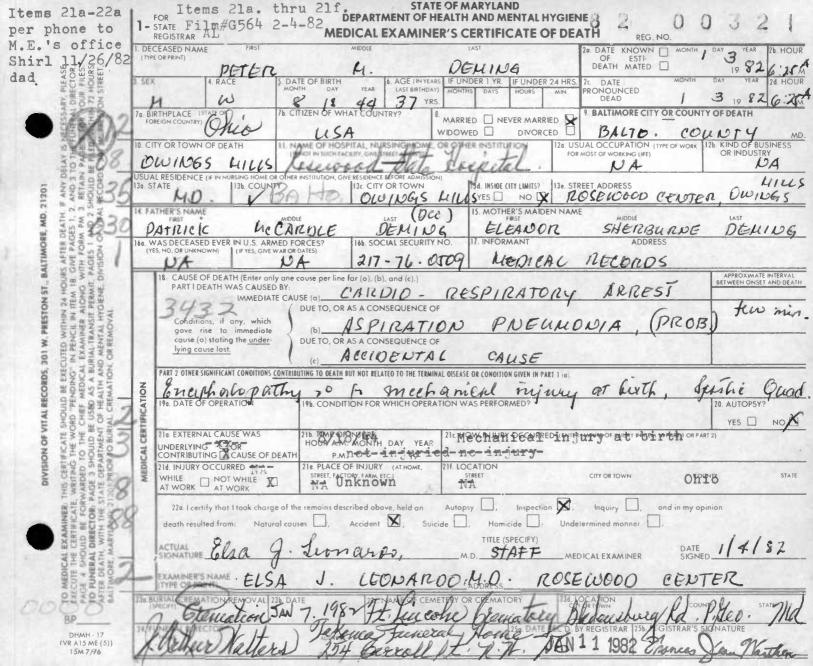
8728 Liberty ROad Randallstown, Maryland 21133

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



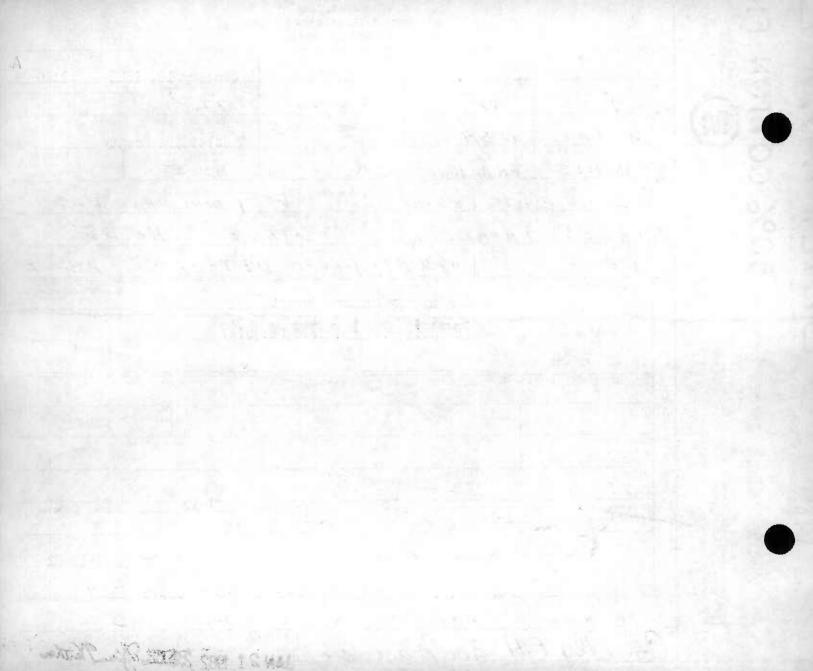


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			FOR	D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0 0	. 3	4
	·V		STATE REGISTRAR	MED	ICAL EXAMIN	IER'S	CERTIFICATE O	F DEATH REC	G. NO.		
	n		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOW	'N MONTH	DAY YEAR	2b. HOUR
	MANIE -	(11)	James Edv	ward Ding	le			OF ESTI-	1/1	8 1982	2 P.M
	AO HOLE	SE)	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE				MONTH	DAY YEAR	2d. HOUR
1	進動編 )		M Black	9 15	45 36		HS. DAYS HOURS	MIN PRONOUNCED DEAD	1/1	8 1982	2:40R
-	93.	lo. Bi	RTHPLACE (STATE OR	76. CITIZEN OF WHA		0	IED NEVER MARRIE	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
	のまるをある		laryland	USA		WIDOW		The second secon	ore Cou	ntv	MD.
24	A STREET	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSP	TAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION	TYPE OF WORK 1	26 KIND OF BL	ISINESS
	A P P P P P P P P P P P P P P P P P P P		B alto.		ar Ct. A		3B	custodian	-Balto	. Scho	ols
-	OF SERVICE	USUA 13e. S	L RESIDENCE (IF IN NURSING HOME O		RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
120	SAME SAL		Md Balt		R andalste	own	YES 🔯 NO 🗌	13 Brubar (	Ct. Apt	. 3B	
MD. 2	TANKS T	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
	A A G E S A G	K	ingsley	Α.	Dingle		Rosa	E.	J	ones	
MOM	PAGE FORM SS 1	160. V	AS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADD	RESS		X-=
BALTIMORE	URS AFTER		Yes		214-44-7	235	Rosa E. I	Dingle 625 A	llendale	Stree	t
60	^ <del>-</del> ⊢		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED							APPROXIMAT BETWEEN ONSE	T AND DEATH
N S	N 24 HOU A ITEM 18. ALONG V T PERMIT. YGIENE, D			E CAUSE (a)	<b>lyocardial</b>		rction			Immedi	ate
STO	HYG AL.		Canditians, if any, which		S A CONSEQUENCE	OF					
2	ENCIL IN AMINER TRANSIT ENTAL HY REMOVA:		gave rise to immediate	(b)	ASCVD					l Yea	r
*	UTED WITHII N PENCIL IN EXAMINER STAL-TRANSI OR REMOVA		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE	OF					
30	XECUTED WITHIN 24 HC G" IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL/IRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL.			(c)	•						
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	ULD BE EXECUTE "PENDING" IN P EF MEDICAL EX. EF MEDICAL EX. ED AS A BURIAL HEALTH AND MI CREMATION, OR	z	PART 2 OTHER SIGNIFICANT CONDITIONS	TONIKIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	IINAL DISEAS	E OR CONDITION GIVEN IN PAR	T 1 (s);			
EC	"PENDING EF MEDIC EF MEDIC SED AS A HEALTH CREMATIC	CERTIFICATION	196. DATE OF OPERATION	19h CONDITIO	ON FOR WHICH OPER	PATION W	AS PERFORMED?			20. AUTOPSY	2
IAI	0 0/14	FI		175. CO. 15111	J. T. O.K. T. T. I. C. T. G. Z.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			YES 🗆	NO 🔯
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O Z	S CERTIFICATE SHOWING THE WORD RDED TO THE CHEEN SHOULD BE UE DEPARTMENT OF PRIOR TO BURKAL		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH DAY YEA	R					
ISIO	SHOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	19 INJURY (ATHOME,		CATION				
5	THIS CERT WARDED WARDED PAGE 3 SH TATE DEP	¥	WHILE NOT WHILE T	STREET, FACTO	RY, FARM, ETC.)		STREET	CITY OR TOWN	COUN	1TY	STATE
	R: THIS OF WRITE OF WANTE OF WASTE OF WASTE OF STATE OF S	١	71 1 311	( )	4 1 1 1 1 1	Autap	sy . Inspection	, Inquiry X,	1.0		
			22a. I certify that I taak charg death resulted fram: Natur			icide	Hamicide .	Undetermined manner	and in my apin	lian	
	L EXAMINE E CERTIFICA DUID BE FG L DIRECTOR H, WITH THE	+	aeam resolled frain: Nator	di cooses Lesi,	2 3	iiciae 🗀	TITLE (SPECIFY)	Underermined manner (			
	MAS WAS		ACTUAL SIGNATURE	Stelnon	VI	AA	Deputy	MEDICAL EXAMINER	DATE SIGNED	1/19/8	2
17.	SH S			3		//		MEDICAL EXAMINER	SIGNED		7-1
	A PER DE	-	EXAMINER'S NAME Stanl	ey Z. Fels	senberg M	.D.	ADDRESS 11 I	E. ChaseSt.	-21202		100
- 0	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATTMORE, MA	23a.B	JRIAL, CREMATION, REMOVAL 2		23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION	COUNT	γ ς	TATE
CE	BP	E	urial	1-25-82	Crowns	ville	VA Cem.	Crownsvil	le	M	
	DHMH - 17		INERAL DIRECTOR	ADDRESS			25a. DATE R	20 1982	REGISTRAR'S SK	GNATURE	-
	(VR A15 ME (5)) 15M 7/77	B	own/Thompson	n F.H. 19	13 W. Ba	lto.	St. JAN	60 1306 AM	me for	Markey	

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DHMH-16 50M 1/81 (VRA 15, 4)

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1	FOR - STATE			DEF		HEALTH AND MENTAL H FICATE OF DEATH	HYGIENE	8 2	. (	3 0	()	2 3
_	REGISTRAR				CERTI	TICATE OF PEATIF		REG. N				
	DECEASED NAME	CHARL		B.	DORA	N III		nuary 2	MONTH 2 19	DAY YEAR		1:10
3. S	EX	OHITHE	4. RACE			OF BIRTH		(IN YEARS LAST BIR		IF UNDER 1 YEA		INDER 24 HRS
1	Male		White		MON	D- 13- 81			YRS.	MONTHS DATS		URS MIN.
7a.	BIRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUN	VTRY? 8	- District to the first	9 BAL	TIMORE CITY C		Y OF DEATH		
_	Maryland		U.S.A		WIDOW		Ba	altimore	Coun	ity		MD.
Ba	altimore		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	or other institution  Iospital	(TYPE O	UAL OCCUPAT F WORK FOR MOST O NOME		12b. KIND INDUSTRY		SINESS OR
130	UAL RESIDENCE (IF NU sTATE aryland	THE COUN	ITY	13c CITY OF	e before admission R TOWN imore	13d INSIDE CITY LIMITS? YES NO	?   13e STI	REET ADDRESS	ter A	venue	2	1236
14.1	FATHER'S NAME		MIDDLE	LAS		15 MOTHER'S MAIDEN	NAME					
I	Le Verne		rdin		ran	Georgia		Irer	1e	Cha	mbe	erlai
160	(YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	-00			
12	no	(# TES ON	E WAR OR DATES!	none	е	Le Verne	A. I	oran 4	128	Slate	r	lve.
CERTIFICATION	Conditions, if on gove rise to in couse (o), stot underlying cour.  PART 2 OTHER SIG.  19a DATE OF OPER	nmediate ring the se last	DUE TO, OR	Endo-	SEOUENCE OF	Cushion Defe	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  200. AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES			INGS I	DEATH?	
1 %	21g. ACCIDENT WAS U	NDERLYING [	1 21b. TIME O	FINJURY		1214 HOW IN ILIRY OCC	YES YES	-		ES 🔀		o 🗆
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	H DAY YEAR	100000000000000000000000000000000000000	OKKED (EN	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)				
MEDICAL	21d. INJURY OCCU	VHILE	21e. PLACE O		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OF TO	WN	COUNTY	3,	STATE
	220.1 certify that (	l) (this hospit	dinuary	deceased f	from Janua 19 82 , o	nd that in (my) (our) opinion DEGREE ATTENDING	ion death ac	ICAL STAI	ote and hou	19 82 ur and from th	e cause	VED
	276 PHYSICIAN'S	M. L.	Frydehl	oorg	K	22e. ADDRESS 9000 Fran		Square				2
1	BURIAL, CREMATION	, REMOVAL	1-24-8	32		Chapel Cem		LOCATION CITY OF TOWN Baltime	ore	Balto	.,	Mď.
	FUNERAL DIRECTOR		770300	. ADD	)RFSS	25a. D	DATE REC'D	BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	THRE	Colonia Coloni
11	assähn fu	JNERA	L HOME	7401	Belai	r Road	AN28	MAL	chan	Sections	4980	2000

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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	REGISTRAR				CERTIF	ICATE OF D	EAIN	REG. NO.					
	CEASED NAME E OR PRINT)	RIC	HARD	BURT	DOW	LAST		20 DATE OF DEATH MONTH 1	6 1 982	2 26. HQUR 05			
3 SE	x Male <b>WXXX</b>		4. RACE White		5. DATE (		04	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
7a. B	IRTHPLACE (STATE OR COUNTRY) COnn	FOREIGN		F WHAT COUNTRY? S.A.	8. MARRIE WIDOWE	DXX NEVER A	AARRIED	9. BALTIMORE CITY OR COUNT	Baltimore County  Baltimore County				
	ockeysville		11. NAME O (IF NOT INS 138	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET OL YORK R	d Bro	or other inst admead	120. USUAL OCCUPATION  (TAXABLE PHYSIC	12b. KIND (	OF BUSINESS OR				
13a.	AL RESIDENCE (IF NURS STATE Marvland	13b. COUN		13c. CITY OR TOW Cockey	/N	13d. INSIDE CI	ITY LIMITS?	130. STREET ADDRESS 13801 York Rd	21030				
	ATHER'S NAME FIRST  Burt	K	MIDDLE	Dow			maiden na Bessie	WIDDLE	We	ils			
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	220-22-0		17 INFORMAI Kather		Dow 13801 York	Rd 2103	80			
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly ane couse p D BY: TE CAUSE (a)_	er line far (a), (b), an	TAMI	PONADE			BETWEEN	ONSET AND DEATH			
	Conditions, if ony,		DUE TO,	М	INUTES								
	gave rise to immoduse (a), stating underlying couse	ig the	DUE TO,	° CORONA	RY ob	CCLUSI	ON ANI	D INFARCT	1	WEEK			
TION	R	ECEN	T WID	SPREAD	PNEU	AINOM		NINAL DISEASE OR CONDITION GIV					
CERTIFICATION	190 DATE OF OPERA		19b CON	DITION FOR WHICH	OPERATIO			YES NO NO YE	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEATH? NO			
MEDICAL CE	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR	of injury A.M. Month D. P.M.	AY YEAR	21c. HOW IN.	JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)				
MED	214 INJURY OCCUR	ILE 🗍		E OF INJURY TREET, FACTORY, OFFICE F	1 1	211_LOCATIO	0.0	CITY OR TOWN	COUNTY	STATE			
	22a 1 certify that (1) saw the decease aba <u>ve</u> , (1) (we) (c	ed alive on	-	15 19	82	nd that in (my)	, 19 <u>82</u> (our) opinion	deoth accurred an the dote and how		that (I) (we) lost causes stated			
	226 SISNIPURE	res a	2. El	liery	M		TTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN		6-82			
	22d PHYSICIAN'S NA	ES CIYPEO	E. E	LUICOI	THE	22e. ADDRESS	1134	YORK RD LUT	HERVIL	LE			

231 NAME OF CEMETERY OR CREMATORY

Greenmount

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

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morked or Item 18 shows

MPORTANT: If Hem 21 is should be detoched far with the State Dept. af I

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd 21212

23b. DATE

1-18-82

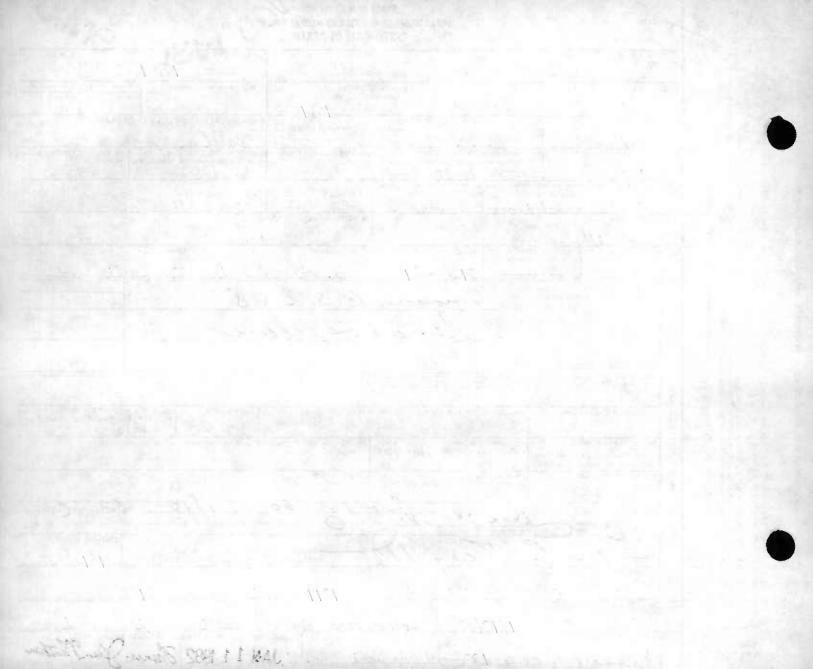
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Baltimore

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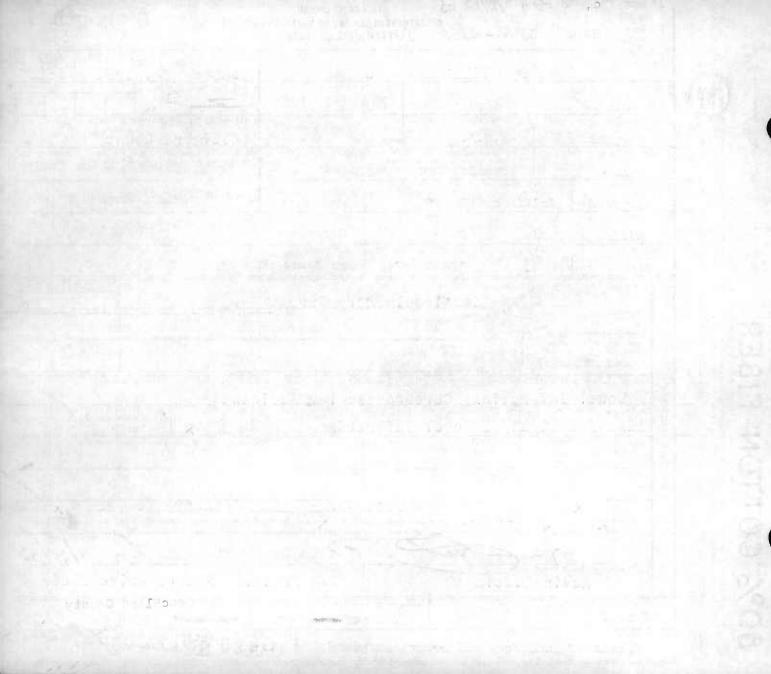
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n/	1	- STATE REGISTRAR XC 53	20056		HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	0 0 0	
6		ECEASED NAME FIRST	WIDDLE		LAST	20, DATE OF DEATH MONTH	H DAY YEAR	2b HOUR
pe 7	(14	PAUL	JOSEPH	DOY	LE	1	16 82	8:05P
r, p	3. S	EX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	LE	WHITE	6	27 20		YRS.	
7 13 185	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
TIAN ?		ENNSYLVANIA	U.S.A.	WIDOW	DIVORCED X	BALTIMORE CO		M
by #		ORT HOWARD	(IF NOT IN SUCH FACILITY,			(TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY	EBUSINESS OF Electri
24 hou illed in ould be	USI 13a.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENTY	DENCE BEFORE ADMISSION) Y OR TOWN	134 INSIDE ETTY LIMITS?	13e. STREET ADDRESS		
uin 24 hille shouli	-	RYLAND Bal		TIMORE	YES NO 🗆	236 LOUDON AT	ENUE	
ampletely samine	0 14. 6	Terrence	MIDDLE	Dovle	15. MOTHER'S MAIDEN N FIRST Margaret	MIDDLE	Leon	nard
20 20 10		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRESS		
or execu			I 184	16 7814	CLINICAL RE	CORDS, VAMC, FO	ORT HOWARD	. MD
ote b rsicio oppers. vol.		18 CAUSE OF DEATH (Enter o	nly one couse per line far (	(o), (b), and (c).)			APPROXIA BETWEEN O	MATE INTERVAL
phy no		PART I. DEATH WAS CAUSI	TE CAUSE (a) BRO	NCHOPNEUM		RIGHT MIDDLE &		
h cer ding carbo or re		5140	DUE TO, OR AS A C	ONSEQUENCE OF	LOWE	R LOBE		
death ottendi		Conditions, if ony, which		MONARY ED	PMA			
the cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF				
that by sose ol, cr		underlying cause lost.	(c)					
signed hen ple to burid	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110	i
been mit. I prior I	CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED		IF YES, WERE FINDIN	
						YES W NOT	CERTIFYING CAUSES (	OF DEATH?
ing physician.  certificate has rial-transit per ental Hygiene them 18 shows	18	71a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	4.00	,,,,
SICIAN ng phy certific priol-tri cental P		OR CONTRIBUTING CAUSE OF DE		ONTH DAY YEAR 19				
PHYSICIA ending ph this certifi ie burial-ti ad Mental d or Item	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	RY	21f LOCATION			
G PH er th the ond ond	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
Or or Aff		22a.1 certify that (1) (this hosp	ital) attended the deceas	sed from	1/11 1.82	1/16	10 82	hat X (we) la
TEN TO OR		saw the deceased alive ar	1/1	6 19 82	nd that in 100 (our) opinia	n death accurred on the date on	d hour and from the c	ouses stated
haspita IRECTOR hed far ept. of H		obave X  we   did XXX	view the body after de	oth.	DEGREE		22c DATE S	
the F H		1 MATTER I	MAR		ATTENDING	MEDICAL STAFF		
A P P P P P P P P P P P P P P P P P P P	-	224 THY ICIAN'S NAME (TYPE	OP PRINT		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	1/17	/82
HOSPITAL ined by the FUNERAL I uld be deto by the State I ORTANT: If	- 13				ITE. ADDRESS			
to HOSPITA etoined by TO FUNERAl should be de with the Stot		JAI JOSHI,				HOWARD, MARYLA	ND 21052	
h r	230	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	CITY OR TOWN	11 COUNTY	Ma.
BP		(SPECIFY)	1/21/82	Lrownsv:	ille Veterans			riu.
DHMH-16 30M 2/80 (VRA 15, 4)	24.	FUNERAL DIRECTOR Wit:	zke P.A. Avenue, Cato	nsville,	Md. 21228	AN 18 1982 CAS	EGISTRIR'S SIGNATI	Bitten

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Carl 368 1 N				other to	Lilia Numbi Gali

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 has
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 2 1201	he deo	he offe emove
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5	HYSICI Iding p	buriol
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	TTEND spitol o	ECTOR: After this certifica ed for use as the burial-tran
	L OR A	L DIRE
	TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician.	INERAI
	HC	Oulco

	1 -			3564 -	DEPARTA 2/5/82 j	MENT OF U	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	RE	G. NO.	0 3	2 9
	TYPE OF		FIRST		WIDDLE	1	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
			JUNIU		ILLMAN	DU		Januar		1982	5:25%
	3. SEX			4 RACE		5. DATE C	ust <sup>0</sup> 22,19520	6. AGE (IN YEARS I.	61	MONTHS DAYS	HOURS MIN.
1	Z- DIDT	Male THPLACE (STATE ORI		White		Aug	ust 22,1920		YRS		
3	CO	Virginia		U.S.		WIDOWE		Baltimore C			ME
7		OR TOWN OF DEA		(IF NOT IN SUC Frank	THEACILITY, GIVE STREET  Lin Squar	ADDRESS)	prother institution	120. USUAL OCCL			r Freigh
5	13a. ST/	RESIDENCE (IF NURS ATE  aryland	136 COUN		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  ESSEX		134 INSIDE CITY LIMITS? YES NO A	13e. STREET ADDR	estwau	South	
0		HER'S NAME FIRST Willie	Juni	MIDDLE US	Duke		15. MOTHER'S MAIDEN NAM	ME	DIE	Thompkin	Š
	(YES	AS DECEASED EVER 5, NO OR UNKNOWN) 'CS		E WAR OR DATES)	228-07-9		17 INFORMANT Mrs Laura Ho		DDRESS		
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  Bowel Infarction: Cerebrovascular Accident  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200. IF YES, WERE FINDING:									
	E	12/20/82;12/22			Bowel I	nfar	ction	YES NO	NO YES NO		
7	EDICAL 2	10. ACCIDENT WAS UND DR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH DA M. OFINJURY	19	21c. HOW INJURY OCCURE 211. LOCATION SIREET		OR TOWN	8 PART I OR PART 2)	STATE
	22	WHILE AT WORK IN NOT WHILE AT WORK IN AT WORK IN THE AT WORK IN TH									
	27	2d. PHYSICIAN'S NA Ke		Keatin	g	Libi	9000 Fran			rive 2	14-1
	23a. BUF (SP)	RIAL, CREMATION, Burial	REMOVAL	23b. DATE 1-27			emetery or crematory	23d LOCATION	Goochla Vir	and Coun	STATE
	24 FUN	Teonard	J Ruci	k Inc. 1	Balti'Möre	, Mar		N 26 198	RAR 256 REGI	STRAR'S MONAT	y martin

DHMH - 16 50M 1/B (VRA 15, 4)



Brehms Lane, Balto. Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, ar ather traumatic event, the

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IMPORTANT: If Hem 21 is marked or Item 18

MEI

230 BURIAL,

(SPECIFY)

shauld be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remava

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR			DEI VIVIA	CERTIF	ICATE OF DEATH	REG. N	0			
1. DECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)	Malco	lm	Austin		Dutterer Sr.		1	29	82	80 N
3. SEX		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS
Mal		White		wort.	24 12	69	YRS.	MONTHS	DAYS	HOURS MIN.
76 BIRTHPLACE (STATE COUNTRY) Maryla	e or foreign	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNT			MD
Uoodlau	DEATH	5915 C	harles St	G HOME ( ADDRESS)  Teet	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Machinis	ON OF WORKING	12b. IND	KIND O USTRY	F BUSINESS OR
USUAL RESIDENCE IF 130. STATE Maryland	13b COUN	inore	I3c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS 5915 Char	les S	itree	t	
14 FATHER'S NAME	.ce ^	NIDDLE	LAS <sup>1</sup> Du 1	ttere	15. MOTHER'S MAIDEN NA E181e	WE			IA	Leppo
160 WAS DECEASED E (YES, NO OR UNKNOWN		MED FORCES? WAR OR DATES)	217-12-9		17. INFORMANT  affille Carol	Dutterer	597	hmor	e. I	es St. Md. 2120
18 CAUSE OF D PART I. DEAT		y ane cause per BY. CAUSE (a)	line far (a) (b), and	Myo	radial Ispara	ten		61	APPROXI	mate interval onset and death
TIO (	any, which	DUE TO, O	RAS ARONSEQUE	NCE OF	ecrp		- 3		17	years
gave rise to cause (a), so underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF					0	
PART 2. OTHER S	Pulmin		my hy	Clive	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN P	PART 110	21
IN DATE OF OPI	ERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT			OF DEATH?
OR CONTRIBUTING		21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 1B	PART I OR	PART 2)	
21d INJURY OCC		21e PLACE		17	21L LOCATION					

ZIL LOCATION

nrec

DEGREE

CITY OR TOWN COUNTY STATE

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on abase, (I) (we) (did) (did,nat) view the body after death.

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CREMATION, REMOVAL

Burial

NOT WHILE

MILCER M.D.

23h DATE

2/2/82

23c NAME OF CEMETERY OR CREMATORY Krieders Cemetery

23d. LOCATION
CITY OF TOWN
Westminister

(my) (our) opinion death accurred on the date and haur and from the causes stated

COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

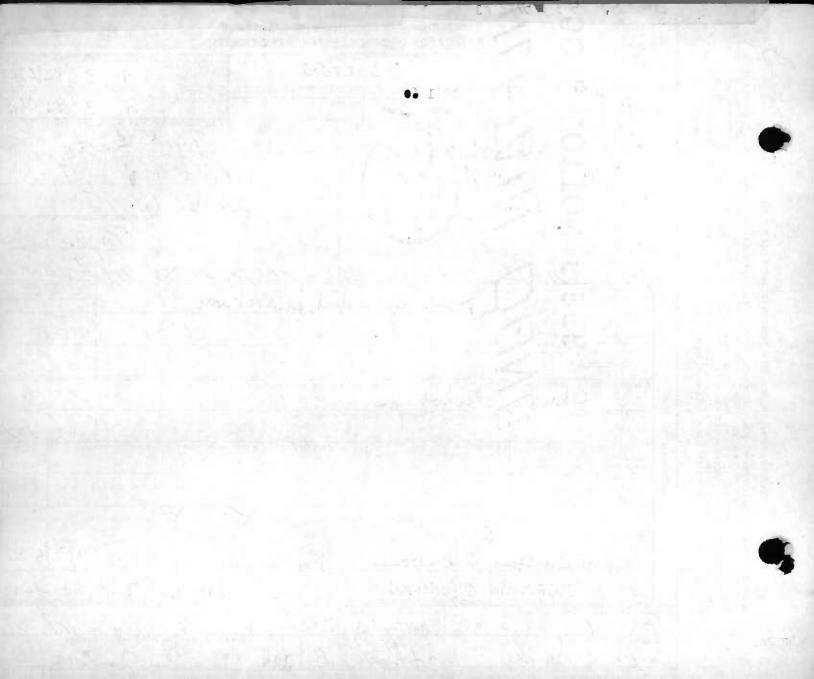
24 FUNERAL DIRECTOR Witzke P.A.

1630 Edmondson Ave, 2 Catonsville, Md. 21228

AT HOME STREET, FACTORY OFFICE FARM ETC I

COLUMN TO LACTOR TO SEASON Landania eres Testifica fosel distrol ser - f-765 A TOWN IN THE TOWN Mast Commission var. I cancerby 121s. Opt. 121221 151 2 3 1992 Then De Pitcher

1	1.	FOR STATE REGISTRAR		ST/ DEPARTMENT OF DICAL EXAMIN	HEALTH A		(1)	H REG.	0 0	3 3	2
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2000	-	nale 9	5. DATE OF BIRTH	1921 INTERIOR		ER 1 YR. IF UN DAYS HOURS		DATE ONOUNCED DEAD	MONTH	3 1982	2d HOUR 08 15
	FC	IRTHPLACE (STATE OR PRESENT COUNTRY)  ITY OR TOWN OF DEATH	76. CITIZEN OF W	A	WIDOWE		ORCED	Baltimore city	-Cou	nty	MD.
× 25 25 7	1	andalk	404 A	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)  VON dale  IVE RESIDENCE REFORE ADMISS	Rd	KINSTITUTION	FORMOS	OCCUPATION () T OF WORKING LIFE)	YPE OF WORK	OR INDUST	TRY /
D. 21201  F ANY 2, AND 3. RETAIL SHOULD	130. 5	TATE d - 136 930 ATHER'S NAME	illo.	13c. CITY OR TOWN	1:	3d. INSIDE CITY LIMIT YES NOTHER'S MA	× 404.	ADDRESS Vind	ale K	d.	
DEATH DEATH GES 1, WM PM 1 AND 2 OF WIV		Paul VAS DECEASED EVER IN U.S. AR.	WIDDLE	Duffon Tibb. SOCIAL SECURI	371	Emile 7. INFORMANT	AIDEINNAME	MIDDLE	Ra	ylor	
BALTIM S. AFTER GIVE PA ITH FOR PAGES IVISION	(	ES, NO OR UNKNOWN) (IF YES, GIVE	VAR OR DATES)	214-14-	8795	ElizA	BETH	DUTTON	404	Acendo	lek 8.
ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DRAWNED PROBLEM IN TEM. 18. GIVE PAGES 1, 2, AND 3 TO CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. U.SED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALAL REGORDS.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	D BY: TE CAUSE (a)  DUE TO, OR  (b)	for (a), (b), and (c).)  AS A CONSEQUENCE  AS A CONSEQUENCE		al inf	archio	M		APPROXIMA BETWEEN ONS	E INTERVAL
RECORDS, 20 D BE EXECUT PENDING" IN MEDICAL EX 3 AS A BURIA CREMATION	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS  On Date of Operation	nic ali	BUT NOT RELATED TO THE TER			IN PART 1 10%			20 AUTOPSY	42
VITAL RESHOULD WORD "PE CHIEF A VIT OF HE/ BURIAL, CHIEF A LIT OF HE/	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME O						Lakik	YES 🗆	NOV
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXEC. WARDED TO THE CHIEF MEDICAL AAGE 3 SHOULD BE USED AS A BUR TATE DEPARTMENT OF HEALTH ANI 21201 PRIOR TO BURIAL, CREMATIL	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF THE TRIBUTING CAUSE OF THE TRIBUTING CONTRIBUTING CAUSE OF THE TRIBUTING CAUSE	HOUR A.M DEATH P.M 21e PLACE	A. MONTH DAY YEA		ATION		URE OF INJURY IN ITEM	COU		STATE
EXAMINER: CERTIFICATE ULD BE FOR ULD BIRECTOR: WITH THE S		22a I certify that I taak charg	ge of the remains der ral causes $M$ ,		Autapsy uicide,	Hamicide LITLE (SPECIFY	Undeterm	Inquiry , , , , , , , , , , , , , , , , , , ,	ond in my api	1/3	82
O MEDICAL XECUTE THE AGE 4 SHO O FUNERAL WITER DEATH ALTIMORE,		EXAMINER'S NAME T.CR	OSSAN O	MANGHOLI	AI	DDRESS 2112	Dunde	IK Hoe.	, Balk	, Md . 2	21222
BP	(	URIAL, CREMATION, REMOVAL 1	1-6-8:	2 Cheltan	ham !	Vert / Cam		Chelta	akam	mak	ATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	C	uneral director arthur C. Don	glass ADDRESS	11-1	-1738 late /	21	N 4 19		GISTRAR'S SI	Martlen.	



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) NAOMI MAE EATON January 11, 1982 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 16,1936 DAYS Female White Feb TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. W. Va. Baltimore County DIVORCED [ ID CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary Secretaria] USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN
1Aryland Balto Baltimore 136 Bladen Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lulla Milleson Moreland Garland 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 138 portsaden Rd. (YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATEST 578-48-9320 Thurman Eaton Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio-pulmonary Arrest; Squamous Cell Carcinoma of Lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE December 26 22a I certify that (this hospital) attended the deceased from sow the deceased olive on January 11 and that in (X) (aur) apinion death occurred on the date and hour and from the causes stated obove, (\*(we) (did) (did ot) view the body after death SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 1-11-82 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE Myo Thant 9101 Franklin Square Drive 21237

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Buria

23b. DATE

23a. BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Woodrow Cemetery Paw Paw Hampshbre 

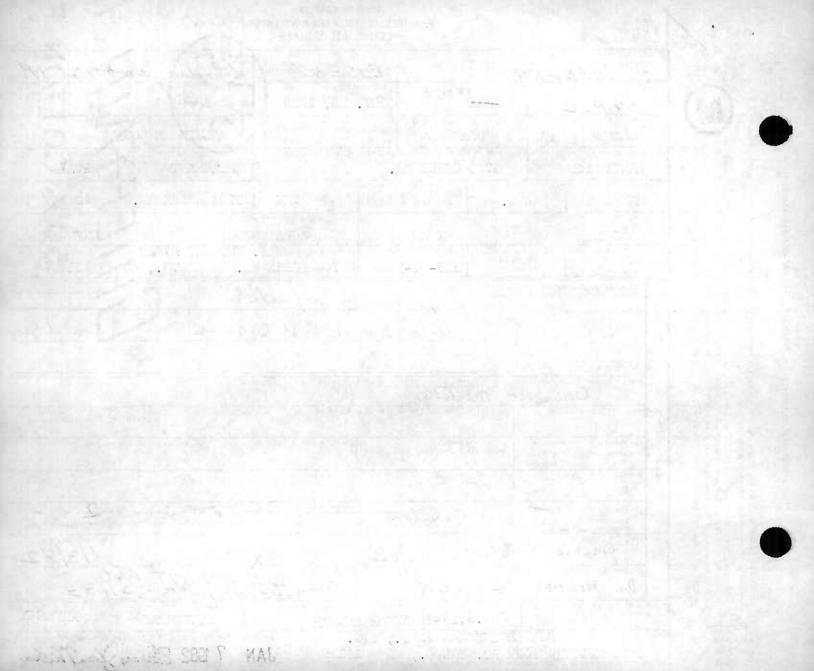
, /	V	FOR		DEDA		E OF MARYLAND IEALTH AND MENTAL H	VOIENE Q	0	0 3	4 .:
6	1.	- STATE REGISTRAR		DEFA		ICATE OF DEATH	0 4	NO,	0 0	Con Co
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2h HOUR
	TYPE	ROSE		E	EIB	NER	JANUARY	22, 1	1982	8:45Pm
	3. SE		4. RACE	5. DATE C		OF BIRTH	6, AGE (IN YEARS LAS		IF UNDER I YEAR	
	1.5	Female	White		Apr	il 6, 1908 AR	73	YRS	MONTHS DAYS	HOURS MIN.
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		RY? 8	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
		Maryland	U.S.A.		WIDOWI	X.		RE COU	JNTY	MD
58		ITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NUI THEACILITY, GIVE ST SEPH	REET ADDRESS)	PAL	12a USUAL OCCUP (TYPE OF WORK FOR MO HOUS EWI	ATION STOF WORKING LIF <b>fe</b>	12b. KIND ( INDUSTRY	OF BUSINESS OR
35	130.5	AL RESIDENCE (IF NURSING HO) TO BE A TYPE A	HER INSTITUTION	GIVE RESIDENCE BI 13C CITY OR T Baltin	own nore	13d. INSIDE CITY LIMITS?	13e SIREEL ADDRES	ålle At	re.	WE.
	14. FA	ATHER'S NAME	WIDDLE	1451		15 MOTHER'S MAIDEN N				
00	$P\epsilon$	eter FIRST	MIDDLE	Scherre	er	Annie	MIDDLI	Maru	ischk"	51
	16a V	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT			ry Hall	, Md.
4	No		- WAN ON DATES)	217-62	-5450	Joseph Eibn	er 9910 Gun	forge I	Road	
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (POSS - C.F.O.F.)	DUE TO, OI	R AS A CONSE PRAS A CONSE ONTRIBUTING	OVENCE OF VARY	SHOCK URINARY TR TRACT	o <b>ek</b> act infec i <i>nfectic</i> r~cerebras	N	EMT ARI 10	0,
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	200 AUTOPSY? 20b. IF YES, WERE FING IN CERTIFY ING CAUS		NGS USED 5 OF DEATH? NO
9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOT IFY MEDICAL EXAMINER	1111	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFF	ICE FARM, ETC )	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	3	22a I certify that (this hospi			82	$\frac{29}{19}$ , $\frac{8}{19}$	101/2	2/	19_82	that X (we) lost
		saw the deceosed olive on obove, (we) (did) (d.t.)	t) view the body	ofter deoth.			in death occurred on the	dote and hou	-	
		Reginos	bis	cia		DEGREE ATTENDING PHYSICIAN	MEDICAL S	AFF SICIAN	22c. DATE	22-82
		REGINO	GARCIA ∠,	GAR	CIA M.	22.7820 YOR ST.	K RD BA	LTIMOF HOSPIT	RE MD	Bathing
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY, BURIAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
710		JNERAL DIRECTOR	Jan.25,	1982	Holy Red		Baltimo		- Company	ruland
		onard J. Ruck,	Inc. Ba	ltimore	, Mary	land 25a. D.	ATE REC'D. BY REGISTR	AR 25h REGIST	VA	Theuther
					3.		JAN 25 198	- 12000	2	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbanapee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The State of the S

	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND  IEALTH AND MENT  ICATE OF DEAT		NE 8 2	0	0 5	3 Q							
y be ge 3 teoth	(TYP	CEASED NAME E OR PRINT) BERN	ARI.	2	MIDDLE	EI	SEN	20			3,1982	26 HOUR							
Poge 4 mg	3. SE	MALE		A. RACE WHITE		5. DATE OF BIRTH  OCT . 23, 1923			S8 YRS.		IF UNDER 1 YEAR	DATHS DAYS HOURS MIN.							
deoth. P	70. BIRTHPLACE (STATE OR FOREIGN POLAND  10. CITY OR TOWN OF DEATH  BALTIMORE			I IIÇA		MARRIED X NEVER MARRIED WIDOWED DIVORCED		ED C	BALTIMORE COUNTY OF BALTIMORE COUNTY OF		NTY	NTY							
n by the e filed wi						ADDRESS)	RESS)		MERCHANT		RETA	BUSINESS OR IL							
un 24 ho in 24 ho ly filled i should bu	13a		BAL		BALT IM		13d. INSIDE CITY II		3703 ESSE	RD.	#21	207							
completely if lond 2 showing seminer		SHIA  VAS DECEASED EVER II		IDDLE	EISEN		15. MOTHER'S MAI	PA	MIDDLE	- Colonia	UNKN	OWN							
ote be executed to see the second of second or		YES NO OR UNKNOWN) NO		WAR OR DATES)	16b. SOCIAL SECU 217-32-8		3703 ESS		SHIRLEY BALTO	D., MD		207							
St., BA ertificate g physic son pope removol.		18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only AS CAUSED IMMEDIATE	BY:	my ocu	e roli	al Info	rectio	n		APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH							
te death c te ottendir emove cort notion, or r troumotic		Conditions, if ony, gove rise to immicouse (o), stoting	ediote	(b)_	01		ine C.V	1. DIX	sease		Seven	al year							
gned by ten please in please in please in price cre	AL CERTIFICATION	underlying cause PART 2. OTHER SIGN	lost.	ONDITIONS C			NOT RELATED TO T	HE TERMINA	al disease or coni	DITION GIVE	N IN PART 10								
nos been si permit. The		FICATION	FICATION	FICATION	FICATION	FICATION	FICATION	FICATION	19a. DATE OF OPERATI	Ubell		ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTIFY	WERE FINDING	F DEATH?
SICIAN: The paper of physicion of physicion of certificate furial-transit ental Hygie litem 18 sho		2)a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH		DF INJURY M. MONTH DA	Y YEAR	21c HOW INJURY	OCCURRED	YES NO	YES		ио 🗌							
offending of the burner of the	MEDICAL	21d INJURY OCCURRE	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE							
ATTENDIII sspitol or ECTOR: A d for use of t. of Heoli		22a.1 certify that (1) ( sow the deceased above, (1) (we) (de-	d olive on	about	1 Mr Orch(19 CK)			opinion dea	, to Yun of the do	, 1 ite ond hour	and from the co								
by the horest DIRECT OR PROPERTY OF THE PROPER		22d. PHYSICIAN'S NA	45 C		14, 1	Y.D	DEGREE ATTEN PHYSI	IDING A	MEDICAL STAP	F IAN 🗆	22c. DATE S	(82							
TO HOSPITAL retoined by the TO FUNERAL I should be detoined with the Stote I IMPORTANT: If	22	Dr. JUL	145	GL	uck		Ronda	3671	or Fyla	7-5	1133								
000 BP		BURIAL, CREMATION, R SPECIFY) BURIAL UNERAL DIRECTOR			5,1982 A	NSHE	EMUNAH		BALTIM			RYLAND							
DHMH - 16 50M 1/81 (VRA 15, 4)		6010 REIST			ON & BROS BALTO., 1		21215	JAN	7 1982	ZOD. KEGISTR	San 9	Veither							

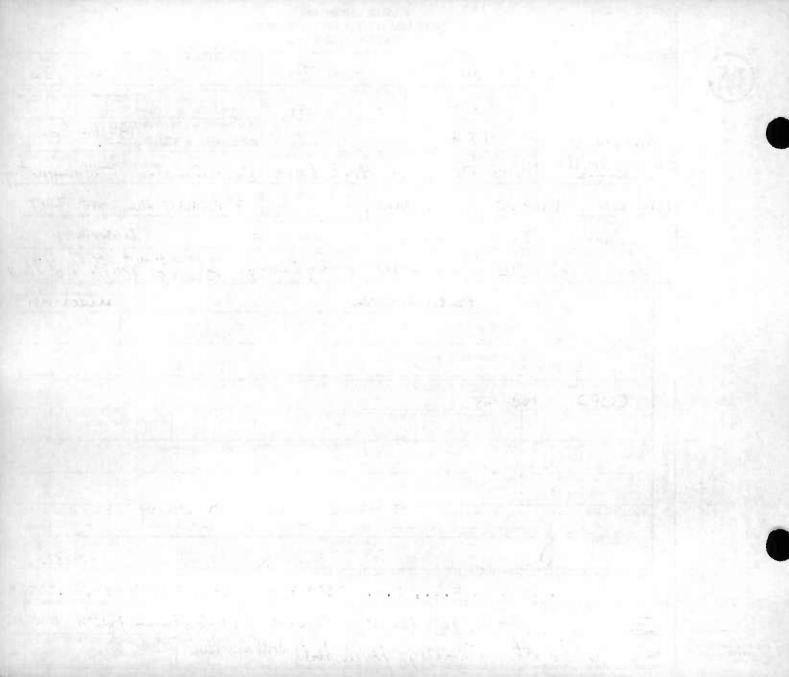


6	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 4 U U S S / CERTIFICATE OF DEATH REG. NO.								
			CEASED NAME FIRST OR PRINT)	MIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR					
nay be page 3			DHADY	L. ELK	/ -	JAN, LY	IF UNDER 1 YEAR IF UNDER 24 HRS					
age 4 m. ector, p	nce.	3 SE	m	A RACE	S DATE OF BIRTH  MONTH  S  22  22  24  24  24  24  24  24  24	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN					
4	Court		RTHPLACE (STATE OR FOREIGN )	TO CITIZEN OF WHAT COUNTRY?	MARRIED THEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH					
es EX	150	0.40	W. VA.	USA	WIDOWED   DIVORCED		COUNTY MD.					
rs after	114	111	POLE RIVER	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 831 SENE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	IZE KIND OF BUSINESS OR INDUSTRY					
1120 I hou	1	USU	L RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)							
AND thin 24	San just		TATE 136 COUNT	BALTO MIDDLE	RIVER YES   NO DE		ECA PK. RD					
cuted wi	ical ex	14. FA	THER'S NAME FURBAN	ELKINS	15. MOTHER'S MAIDEN NA	LOVE TO:	LAST					
execu	med		AS DECEASED EVER IN U.S. ARA		RITY NO. 17 INFORMANT	ADDRESS						
rimo e be e	t, the		VNK	40024	0459 RVTH E	LKINS	ABOVE					
pAL tifical tifical hysici apers	even		IE CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per line far (a) (b), and	dieni / C	D. T.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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t the death the attending the attending move carbo	trau		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF T	V	Ture					
PRES.	other		gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSSOUR	NICEOF		1					
s that is the seere al, cr. al, cr.	ö		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCEOF							
RDS, 201  w requires en signed ii hen pleass r to burial	ny injury,	NO	PART 2 OTHER SIGNIFICANT C	OND TIONS CONTRIBUTING TO S	SEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)					
The law receives been sine a permit. Then ene prior to lene prior to len	shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)					
VITA CIAN ician. irficat trificat ansit p	Item 18	CERT	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM						
		¥	OR CONTRIBUTING CAUSE OF DEAT [IF EITHER, NOTIFY MEDICAL EXAMINER]	HOUR A.M. MONTH DA	19							
DIVISION OF IDING PHYSI attending phys After this cer st the burial-tra tth and Mental	marked or	MEDICAL	21d INJURY OCCURRED  WHILE D NOT WHILE D	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OF TOWN	COUNTY STATE					
PINDI R: A B as the	is m		AT WORK	attended the deceased fram-	m 2 10 75	to don	19 8 2, that (1) (we) last					
CTO CTO	n 21		saw the deceased alive as abave, (1) (we) did) (did pos	9 4 9	2. and that in (my) (our) coinian	death occurred an the date and						
hospi DIRE hed fo	f Iter		22h SIGNATORE	New the body after death.	( HOME)		22c DATE SIGNED					
1 e 7 e 5	ANT: If		Johns	ement	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/1/82					
HOSPITA sined by the FUNERA wild be deta	TAI		THE HYSICIAN'S NAME CHIPE OR	PRINT)	22 ADDRESS	- D B	Li -					
TO HOS retained I TO FUNI should be with the	MPORT		2001376	MENOR	2108 UR	ems (1) da	CT/1021220					
0000	-		URIAL, CREMATION, REMOVAL	Va / / _	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE					
BP		24 F	JNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REC	GISPRAR'S SIGNATURE					
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00.00			.26	3 C mater C construction distributes	
x 1-29-82					
s st.	N. CHARLE	BMC-6701		SIEGEL, M.D.	STEPHEN

JAN Jana Grandari.

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH

REG. NO

BALTIMORE CITY OR COUNTY OF DEATH

	1 -	STATE REGISTRAR
ī	DEC	EACED MIANA

(TYPE OR PRINT)

3 SEX

MIDDLE

4. RACE

Gilmore

Ensor 5. DATE OF BIRTH

18

6. AGE (IN YEARS LAST BIRTHDAY)

19 82 IF UNDER 1 YEAR 2b. HOUR 7:50A M

Male BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

Yes

Cauc. 7h CITIZEN OF WHAT COUNTRY?

U.S.A.

Feb. WIDOWED

1915 MARRIED A NEVER MARRIED

DIVORCED [

Baltimore County Carpenter

66

12b. KIND OF BUSINESS OR Construction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 134 COLINTY

Maryland

GBMC 6701 N. Charles St. 13b COUNTY Baltimore

Raymond

Cockeysville

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13e. STREET ADDRESS 15. MOTHER'S MAIDEN NAME

Clayhill Road MIDDLE

Maryland 4 FATHER'S NAME FIRST Joseph

Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Ensor 166 SOCIAL SECURITY NO

17 INFORMANT 217-03-2782

Anna

Peregov

ADDRES Cockeys ville, Md. Gladys M. Ensor, 7 Clavhill Road

5 Days

LIO/ SIMMEDIAT	E CAUSE (o
7860	DUE TO
Conditions, if ony, which gove rise to immediate	( tb
couse (a), stating the underlying cause lost.	DUE TO
	(c)
PART 2. OTHER SIGNIFICANT C	ONDITION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Pneomonia

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

NOX

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

19a. DATE OF OPERATION

MEDICAL

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

> NOT WHILE AT WORK

sow the deceased olive on.

21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

21b. TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

82

ATTENDING

CITY OR TOWN

STAFF

DIRECTOR PHYSICIAN

COUNTY STATE

22c. DATE SIGNED

DHMH - 16 50M 1/B1 (VRA 15, 4)

0

entol Hygi

8

IMPORTANT:

Kelly M. Reid, M.D.

22a I certify that (I) (this hospital) attended the deceased from.

obove, (I) (we) (did) (did not) view the body ofter deoth.

22e ADDRESS

6701 N.

1/22/1982 Black Rock Bap. Church Cem. Butler

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Charles St.

MEDICAL

82 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21204

Balto Md.

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

J.E. Lowell Lemmon

10°W. Padonia Rd.

250 DATE REC'D. BY REGISTRARI25b. REGISTRAR'S SIGNATURE

in period justice in the contract of the Section of the SOR SOLLES SOR I SWALL CON SECURIOR OF THE ADDRESS OF THE SECURIOR STATE OF THE SECURIOR

BALTO., MD

21215

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD.

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

REGISTRAR

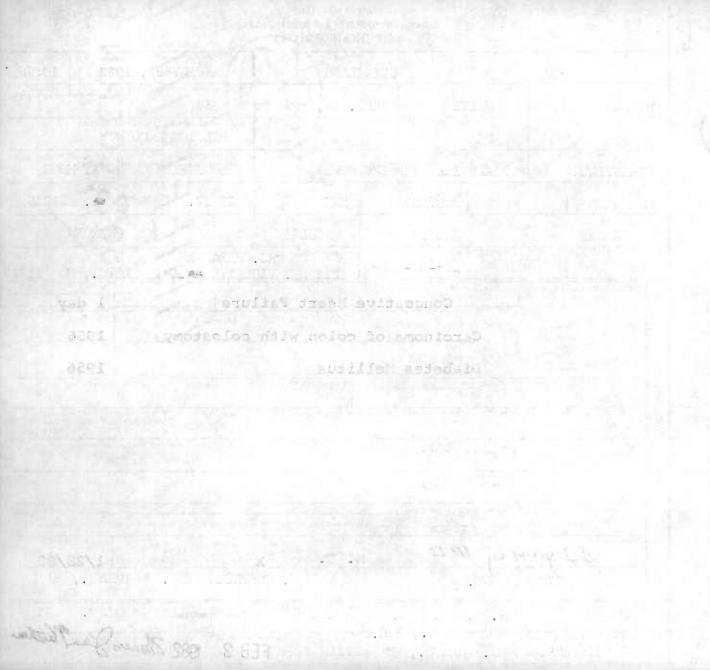
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

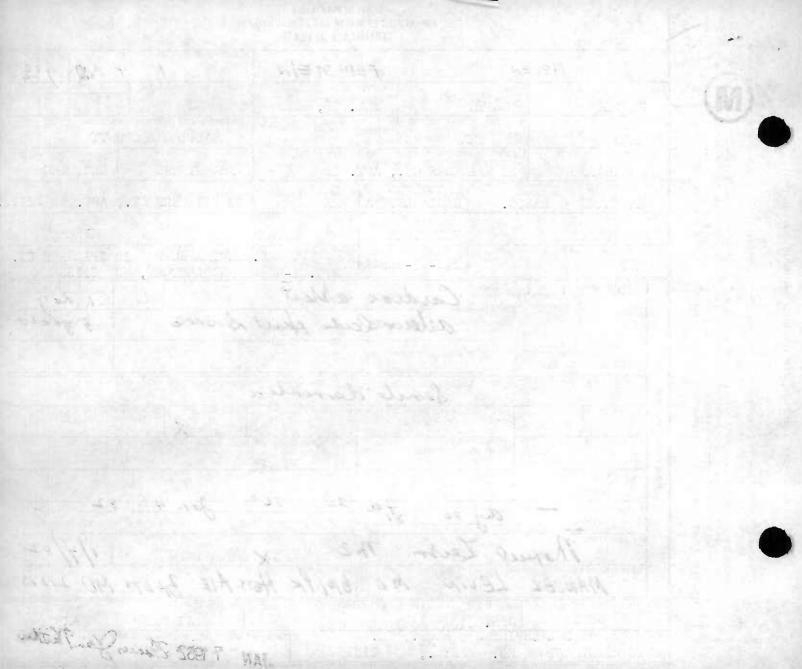
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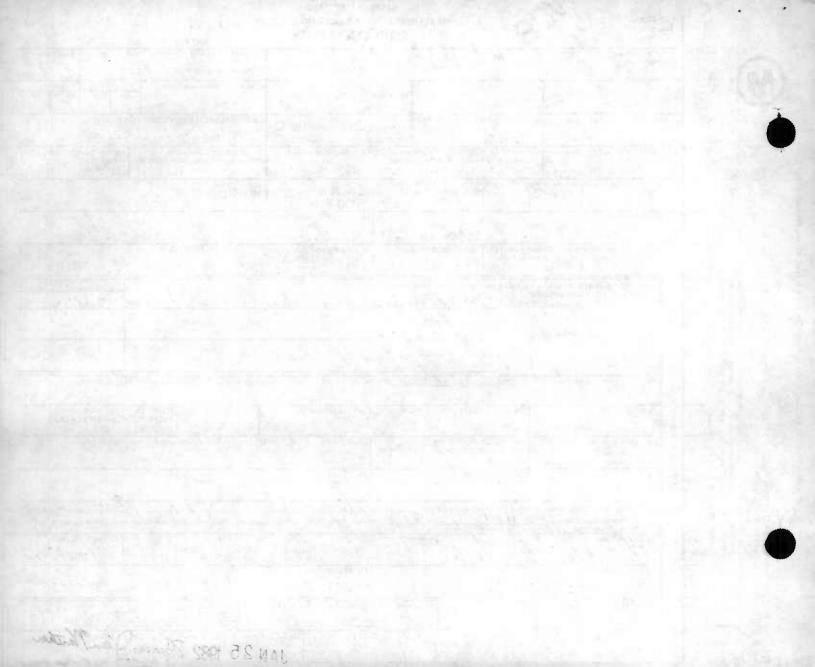
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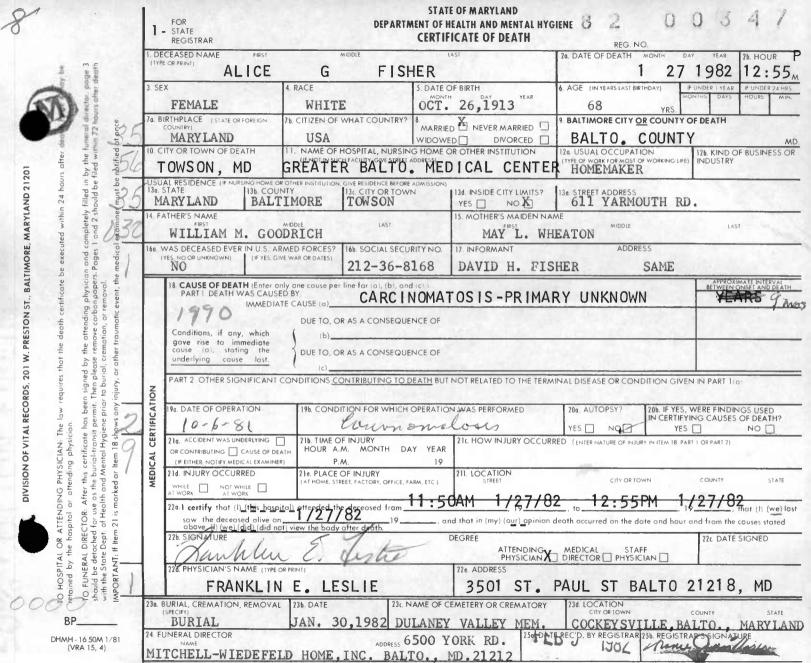
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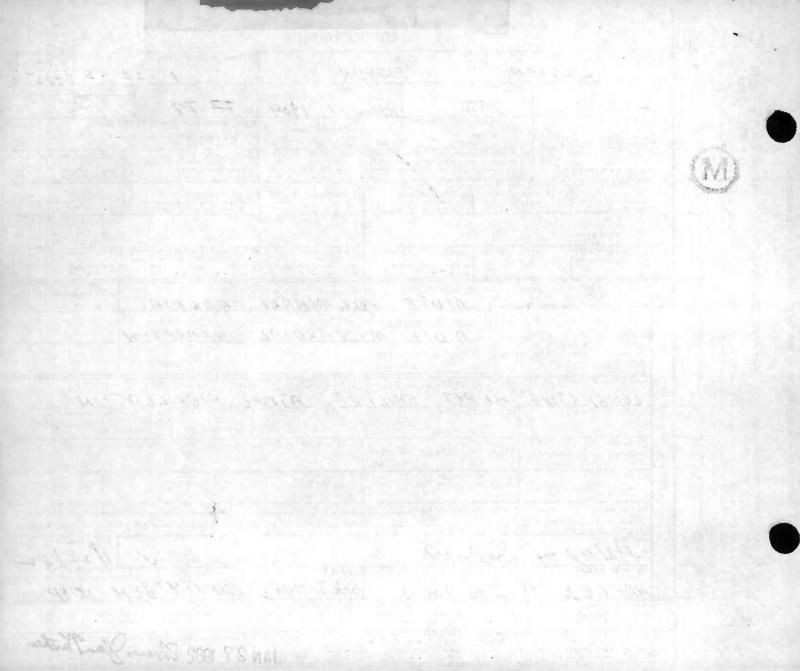
. 7	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 0 3 4 5
	TO COLITICAL TO THE TOTAL TO TH	RST MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
6 E	(TYPE OR PRINT)	ELEN	FEINSTEIN	1	4 80 925
(88)	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY	
[141]	FEMALE	WHITE	DEC. 15, 189	9 82	YRS.
\$ 700 \$077	70. BIRTHPLACE (STATE OF FOREIG	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIE	XX 9 BALTIMORE CITY OR CO	
death 7	POLAND	USA	WIDOWED DIVORCE	DALI IMORI	E COUNTY MD.
rs offer or filled with	RANDALLSTOWN	12 SPINNERS	CT., APT. 1B	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO SEAMSTRESS	PRKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY CLOTHING
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill examiner must be no	MARYLAND 136	OME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY 136 CITY OR RANDA		13° STREET ADDRESS 12 S PINNERS	CT., APT. 1B #2113
MARYL, mpletely and 2 st	14 FATHER'S NAME FIRST LOUIS	MIDDLE FEINS	TE TM		MILLER
BALTIMORE, MA cote be executed system and comp spers. Pages 1 on vol.	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL		MRS. BERTHA BUFF	12 SPINNERS CT.
15, 201 W. PRESTON ST., BAI luires that the death certificate signed by the attending physici pen please remove carbonapape a burial, cremotion, ar removal. Jury, or other traumatic event, the	Canditions, if any, wh gove rise to immedicause (a), stating underlying couse to	DUE TO, OR AS A CONS	occor Carda He	alt Discos	5 years
L RECORDS,  ne law requir on. has been sign permit. Then ene prior to b	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY.	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
DIVISION OF VITA  NG PHYSICIAN: TI ottending physicia ther this certificote os the buriol-transit h and Mental Hygi arked or them 18 sh	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)  21d. INJURY OCCURRED  WHILE NOT WHILE	OF DEATH AMINER)  P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN I	
ATTENDING ospitol or of ospitol or of or of or ospitol or of or ospitol or of ectors. After of for use os ospitolity of Health of or use of or use ospitolity of or of health of or or of the or	220-1 certify that (I) (the	hospital) attended the deceased fr	19, and that in (my) (aur) a	to Jan 4	
O HOSPITAL OR etoined by the NTO FUNERAL DIR should be deroch with the Store Des	22d. PHYSICIAN'S NAME		ATTEND PHYSIC		D 22c. DAYE SIGNED
10 HO storine storine should with the	MANUE	th LEVIN	MD 6/0/1K	MOTS THE BA	IT MU LIND
0000 BP	230 BURIAL, CREMATION, REM (SPECIFY) BURIAL	JAN.5,1982	RODFE ZEDEK	BALTIMOR	E COUNTY MARY LAND
DHMH - 16 50M 1/B1 (VRA 15, 4)		L LEVINSON & BROS	., INC 2	50 DATE REC'D. BY REGISTRAR 25b	PEGISTRAP SSUCHALL BETTERN,







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· 1	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 0 3 4 9
1 1		CEASED NAME FIRST OR PRINT) Samue	MIDDLE	Fish	e r		1 28 82 745 th
	3. SE	Male	(RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
	F	RTHPLACE (STATE OR FOREIGN DUNTRY)	United State	MARRIED S WIDOWE		Baltimore city or	e county MD.
1201	B	Itmore	11. NAME OF HOSPITAL, NURSI NOT IN SUCH FACILITY, GIVE STREE CWISH CALY GO ROTHER INSTITUTION, GIVE RESIDENCE BEFO	et ADDRESS)	nt + Nursing	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS OR INDUSTRY  Clothing
trand 24 ho	134	TATE ) SIL OUR	P.G. 3. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO D	XXXXXXXXXXXXX	665 Ft. Meade Rd
MAR de la	S	olomon	MIDDLE LAST Fishe	r	FIRST U1	nknown	LAST
MORE, and co	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO.	Mary Coope	202 155 2215	Ross Road
T., BALTI physical ripogen, enoval		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane couse per line far (o), (b), a	nd (C).1	SC LEROS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer stending ne corbs ton, or re numeric e		440 9 Conditions, if any, which	DUE TO, OR AS A CONSEOL	JENCE OF			
but the common c		gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF			
RDS, 20 requires 1 Then ple 1 to buris injury, or	NOI	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)
The Igw on the permit	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	N WAS PÉRFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \equiv
I OF VIT.	185/41	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)
MG PHY other this out the by th and M	MEDICAL	WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ATTENDI Option or Of Heath		saw the deceased alive on above. If it was a raid no	attended the deceased from		d that in (my) (and opinion of	deoth occurred an the date	ond hour and from the couses stated
CALOF A	1	27b. SIGNATURE	bural	2	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 222. DATE SIGNED
O HOSPIT trained by O FUNES whoseld be whoseld be		124 PHYSICIAN'S NAME (TYPE O	SUNSH.	NE	6210 Px	H75. BK	7 LT, MD. 2120
20 -2157	23a (	FURIAL CREMATION, REMOVAL	CON		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	NERAL DIRECTOR	11/31/82 ADDRESS E	Cing I	Box 7428 DAY	E REC'D. BY REGISTRAR 25	Church Va
(40010(4))	To	armer P. Pum	phrey, Inc. S	5il. 9	Spr., Md.	D 3 1306	none people

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BALTIMORE, MARYLAND 21201

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THE REAL PROPERTY OF THE PROPE · ad to the leto significant of the second second second IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the medical

## STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE OF DEA	ın	REG.	NO.				
		CEASED NAME	FIRST	-	MIDOLE	t	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	-
	(TYPE	OR PRINT)	Lillia	an	Mav	F	leury			1	11	82	6:00P	
	3. SEX			RACE	,	5. DATE C			6. AGE IN YEARS LAST	BIRTHDAY)	IF UNDE	ER 1 YEAR	IF UNDER 24 HRS	<u>~</u>
1		Female	1	White	Hin.	MONTH 7		88	83	YRS	MONTHS	DAYS	HOURS MIN.	_
F		RTHPLACE (STATE OR FOR COUNTRY)  Maryland	OREIGN 7	LSA	WHAT COUNT	RY? 8. MARRIEI WIDOWE	D NEVER MARI	RIED 📙	9 BALTIMORE CITY Baltimore	_		ATH		
	10. CI	ITY OR TOWN OF DEA	TH ?		HOSPITAL, NU		R OTHER INSTITUT		120 USUAL OCCUPA			KINDO	F BUSINESS OF	-
0		atonsville		Ingleno	OK NUT	SING H	ome		Never Em	TOF WORKING	LIFE) INE	DUSTRY	. 500111233301	
5	13a. S	AL RESIDENCE (IF NURSI STATE   aryland	13b. COUNT	other institution. TY <b>timore</b>	13c. CITY OR 1		13d. INSIDE CITY L	IMITS?	130 STREET ADDRESS	emy Ro	ad	21:	228	
30	14. FA	THER'S NAME	М	IDDLE	Ke.	lly	15 MOTHER'S MA	IDEN NAM	MIDDLE E.	Tabr.		Smit	h	_
		VAS DECEASED EVER I		ED FORCES?	166. SOCIAL S	SECURITY NO.	17. INFORMANT		ADD	RESS				_
	,	No	[# 163, 5146	WAR OR DATES!	220-0	5-7003	Jessie	J. F1	eury104 Ir	glesi	de A	ve.		
	NO	18 CAUSE OF DEATH PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN	which ediote the lost.	DUE TO, O  DUE TO, O  (b)  DUE TO, OI  (c)  DOUBTIONS CO	R AS A CONSE	EQUENCE OF		THE TERMIN	le dous ve	0	rexe		MATE INTERVAL INSET AND DEATH	
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WH	IICH OPERATIO	N WAS PERFORME	D	200. AUTOPSY?	IN CERT	ES, WERE	E FINDIN CAUSES	GS USED OF DEATH?	
7	MEDICAL CERT	ON CONTRIBUTION CONTRACTOR DE ATTO 1 HOUR A.M.			M. MONTH	H DAY YEAR			JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MED	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC )	21f. LOCATION STREET		CITY OR	TOWN	co	YTAUC	STATE	
		22a I certify that (I)	9.89		. //	, 19	2	that (I) (we) los	51					
		sow the deceose obove, (I) (we) (d		view the body	13 - 2 19 19 1, and that in (my) (our) opinion death accurred on the date and hour and from the causes state							couses stated		
		226. SIGNATURE	n	- 8	m		DEGREE	IDINIO	MEDICAL CT	455	22	C. DATE		
_			14.	10.0	Ele.		PHYS	ICIAN 6	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌		1.1	2.12.	
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRANT)	13/	u	S216	lynn	cake	1. Col	eurl	0/06	+4°	
		BURIAL, CREMATION, I SPECIFY) Burial	REMOVAL	236. DATE 1/14			Park Cem		23d LOCATION CITY OF TOWN	Lmore	COUN	iTy	sī Md.	
			1101	A100 A										_

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Witzke P.A.
1630 Edmondson Avenue, Catonsville, Md. 21228

12. Cities Substantial States The second of the second of the second of 1924 umpunian applies, equipmental, in. 1925 Jun 18 18 18 18 18 18

FOR

ALL SERVICE The state of the s TO NAMED IN THE SOUTH OF THE PARTY OF THE PA The court is exactly to the second Commercial States of the second second Section 1. Control of the section of

1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JAN 1 9 1982

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2h HOUR

NO F

Crances

STATE

IF UNDER 24 HRS

For comaginal Standales TE Faces (Green dimensional account and the Commission of the Commiss 1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

dens reporting AND THE PROPERTY OF THE PROPER ALLE SERVICE STEELS HELD

JO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furence difference and be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar other troumatic event, the

with the State begin to the State of them 18 shows ony IMPORTANT: If them 21 is marked at Item 18 shows ony

56	FOR STATE REGISTRAR
VI)	1. DECEASED NAM

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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)	Car
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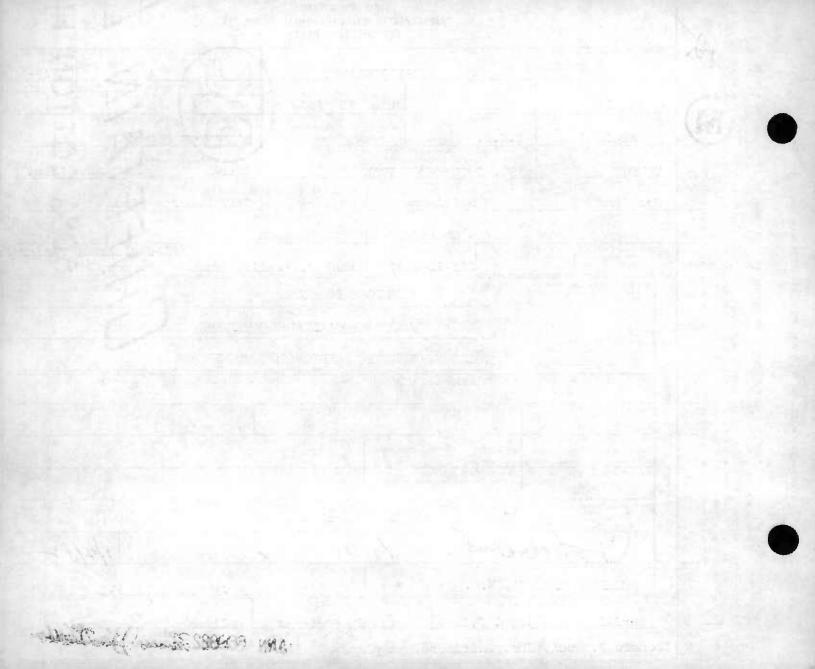
_	and the same of th							REG. NO.						
	1. DECEASED NAMI	E FIRST		MIDDLE		LAST	2a.	DATE OF DEATH MO	HTMC	DAY YEAR	2h HOU	JR		
ı	(TITE ON PRINT)	GEORGE	T	HOMAS	FOW	LER		JANU	ARY	22,1982	1	M		
1	3. SEX	SEX 4. RACE WHITE			5 DATE C	OF BIRTH	6 A	GE (IN YEARS LAST BIRTHD	IF UNDER I YEAR					
	MALE				FEB.			70	MONTHS DAYS	MONTHS DATS HOURS MIN.				
A	To. BIRTHPLACE (S	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 B	ALTIMORE CITY OR	COUNTY	OFDEATH				
4	MARYLAN	ID	US	A	MARRIE	DIVORCED		BALTIMORE						
7	10. CITY OR TOWN		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120	USUAL OCCUPATION			12b. KIND OF BUSINESS OR			
0	TOWSO		1	6 CEDAR A	VENUE		(17)	MECHANIC	ORKING LIF					
1	USUAL RESIDENCE	(IF NURSING HOME C		GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS	52 1124	STREET ADDRESS						
2	MD.		TIMORE	TOWSON	-	YES NO NO	31 13e.	16 CEDAR	AVEN	UE				
	14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME							
6	ALEXA	NDER	MIDDLE	FOWLER		FRANCES		WIDDLE		STEW				
٦	16a WAS DECEASE		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		AL 30-L				
1	(YES, NO OR UNKNO	JWNI (IF TES, GI	IVE WAR OR DATES)	217-01-3	446	ELLA FOWL	ER :	16 GEDAR A	VENU	E				
1	18 CAUSE O	DEATH Enter o	nly one couse per	line for (o), (b) one	licil	1		1		APPROXIV BETWEEN C	MATE INTER	VAL DEATH		
	PART I. DE	ATH WAS CAUS	ED BY: TE CAUSE (0)	Acute	- 0.0	100 ardial	Tu	Faveti.	on	244	MI	100		
H	411	0		DAS A SOUSSOUS					J. L. V		- 1000			
1	Conditions.	Conditions, if ony, which (b)												
1	gove rise	gove rise to immediate									_			
1		underlying couse lost.												
	PART 2 OTH	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
	NO N													
1	190. DATE OF	190. DATE OF OPERATION 196 COND			ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
	AND THE OF							ES NO	YE:		OF DEAT			
H		OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING AND CAUSE OF DEATH			MONTH DAY YEAR 210 HOW INJURY OCCUP			ENTER NATURE OF INJURY IN	N ITEM 18 P	PART I OR PART 2)		4.5		
	(IF EITHER NOT	IFY MEDICAL EXAMINE	A1111	м.	19									
1	OR CONTRIBUTE	CCURRED	21e. PLACE	OF INJURY	PM FTC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	5	STATE			
	AT WORK	NOT WHILE AT WORK		1		0-								
1				e deceased from	. He	, 19_	YE.	to day	77	19.0 -	ho (I) (v	we) lost		
1	sow to	sow the deceased alive on the date and hour and from the causes stated above, (1) we (did) (did not) very the body after death.									oted			
I	226. SIGNATE	226. SIGNATORE 22 DATE SIGNED												
	K	MIS	The	am		ATTENDING PHYSICIAN		EDICAL STAFF RECTOR PHYSICIAN	N	lem	22	. De		
٦	22d. PHYSICIA	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS												
		K 12	Sto	wer		717	Y	or K I	49	2,20	4			
	23a. BURIAL, CREMA	TION, REMOVA	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATO	ORY 2	3d. LOCATION						
	BURIA		JAN. 2	5,1982 SH	ERWOO	D EPISCOPAL	. (	COCKEYSVIL	LE B	ALTIMOR		TATE		
	24 FUNERAL DIREC			ADDRESS				D. BY REGISTRAR 256			JRE			
	MITCHEL	L-WIEDEF	ELD HOME	E. 6500 YOI	RK RD	· 21212	AN 2	1 1982 00	ances	Jan /	arth	ens		

DHMH - 16 50M 1/81 (VRA 15, 4)

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O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspitot or ottending physician

The leave which is the court of THE STORE IN LINES AND REPORT OF THE PROPERTY OF



		FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL H	REG. N		
4		ECEASED NAME FOR PRINT Sister	M. Caste		rschl	ag	20 DATE OF DEATH	1/10/	82 5/
	SE	Female	Whit	е	5 DATE O	F BIRTH /21/83	6 AGE (IN YEARS LAST BII	YRS.	DER 1 YEAR IF UN
Mr 72 No.		New Yor	k USA	WHAT COUNTRY?	WIDOWE			re Coun	
195	1	Glen Ar	m Villa	Maria,	11630	Glen Arm	120 USUAL OCCUPATION OF THE OF WORK FOR MOST Rd. Teacher	OF WORKING LIFE! IN	kind of Bus Dustry Religi
B.	13a	Md.	Balto.	Glen A	(6.1	13d INSIDE CITY LIMITS?	11630 Gl	en Arm	Road
szowine 30	14 F	Louis F	reyschla	E LAST		IS. MOTHER'S MAIDEN N Christi	na Ko <b>k</b> berg	ger	LAST
Poges I and	16a. \	WAS DECEASED EVER IN L (YES, NO 08 UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	217-54-		S.Louis M	larie Koest	ers	Same  APPROXIMATE II BETWEEN ONSET
os been signed by the permit. Then please re ne prior to burial, crem ws any injury, or other	CERTIFICATION					NOT RELATED TO THE TER	RMINAL DISEASE OR CON	20b IF YES, WE	RE FINDINGS U
certiticate h riol-transit ental Hygie Item 18 shor	MEDICAL CERTI	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH HOUR A	.m. month d. P.m.	AY YEAR		YES NO X	YES	DR PART 2)
e os the bualth and M morked or	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		OUNTY
d for use of Heal		obove, wi (we) (did)	s hospital) attended t live on Janua: ( <del>dd not</del> ) view the body	he deceased from Ey 10 19 E			n death occurred on the c		from the cause
FUNERAL DIRE		22b. SIGNATURE	Boass.			PHYSICIAN	MEDICAL STA		Dou 1
		Dr. Lawr	ence Boa	s, M. D.		50 Scott	Adam Rd.,	Cockey	sville
with William	230.	BURIAL, CREMATION, REM	1/13	/82 Si	ster	METERY OR CREMATORY S Cemetery	Glen Arm	a Bal	to.
		UNERAL DIRECTOR							

SINT SEVENCE SEED TO BE SEED AND SECURIOR SECURI Control of the Contro the state of the s all the second of a second sec STATE OF STREET

LOUPE LINE WELL BRIDE TO THE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the times should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

		FOR
1	-	STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 2

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		REGISTRAR			CEKIII	TCATE OF DEATH	REG. NO			
		CEASED NAME FIRST	MID	DLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR &
	(TYPE	Talbott	В.	Fri	edly		January 10	1982		7
	3 SE	X	4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER LYEAR	IF UNDER 24 HRS
		ale	White		sept	. 14°1907EAR	74	YRS.	MONTHS DATS	HOURS MIN
10	7a. 81	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
5	We	st Virginia	USA		WIDOW		Baltimore	Count	-v	MD.
	10. C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N	12b. KIND O	F BUSINESS OR
)	Du	undalk	4 Broads	hip Road	212:	22	Electricia	WORKING LIFE	Beth.	Stee1
5	MI	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BALL:	other institution GIV NTY LMORE	VE RESIDENCE BEFORE A LOCITY OR TOWN Dundalk	admission) N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4 Broadshi	p Rd.	. 21222	
0	14 62		MIDDLE	Friedly	7-	15. MOTHER'S MAIDEN NAM FIRST Blanche	WIDDLE		Burch	ī
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRES	S	212	
1		NO NO		33-01-60	176	Mrs. Glenna	I. Friedly 4	Broa	adship	Řď.
		18 CAUSE OF DEATH (Enter on	ly one couse per lin			1 : 55 4			APPROXI	MATE INTERVAL
Ч		PART I. DEATH WAS CAUSE	D BY:	mor	7,00	teartal	ene			MSEI AND DEATH
		11111			Z SCA SA	4			14	1011
		Conditions, if ony, which	DUE TO, OR A	5 A CONSEQUE		CUBIC POM	a contra			
		gave rise to immediate couse (a), stoting the	(6)		-		· Care			
		underlying cause lost.	DUE TO, OR A	S A CONSEQUE		, auts	-0,			
		PART 2 OTHER SIGNIFICANT (	ONDITIONS CON		Law V	NOT RELATED TO THE TERMI	NAL DISEASE OF COND	ITION GIV	ENLINI DADT 1/-	
	NO		C 1	ID 5	LL	-2 Da	F COND	HON GIVE	LIN IN FART TIC	,
7	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH O	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
4	TIFIC		-				YES NOW	IN CERTIFY YES	YING CAUSES	OF DEATH?
7	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF I	NJURY		21c. HOW INJURY OCCURR				NO []
1		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY		1000				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET	, FACTORY, OFFICE, FAI	RM, ETC )	STREET	CITY OR TOW	N	COUNTY	STATE
		22a. I certify that (I) (this hospi	hall attended the d	lancing ( )	da	10 10/1	1-10-		23	
		sow the deceased alive on	_/\ >-	19		nd that in (my) (aur) opinion d	enth occurred on the dat	a ond house		that (1) (we) lost
		obovę, (I) (we) (did) (did/no	t) view the body oft	er death.		DEGREE	com accorded on the dat	e ona noor		
		19710/b	R	<	Di	ATTENDING _	MEDICAL STAFF		22c. DATE	SIGNED
-		22d. PHYSICIAN'S NAME (TYPE O	D OBINITI		.0	PHYSICIAN V	DIRECTOR PHYSICIA	/N 🗌		
	10	Dr. B.W. Solle				2900 Dunran F	2012 Pro			
-										
		BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 -	Burial	1/13/82	2 Ho.	lly F		White Mar		lto. M	ID
	74 FL	INFRAL DIRECTOR				125 DATE	DEC'O BY DECISTRADIS	CL DECKET	DADIC CLONIATI	LINE .

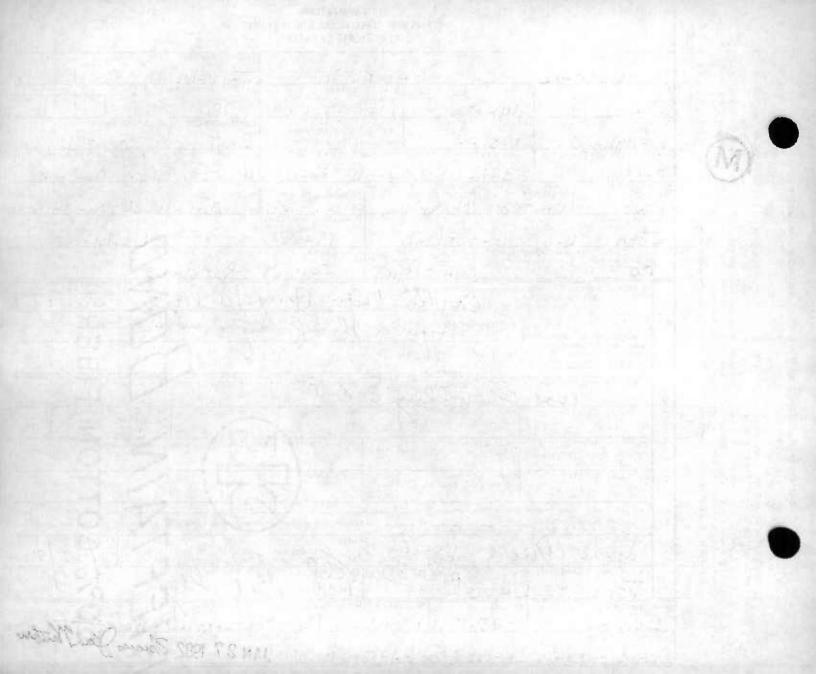
Duda-Ruck, Inc. 7922 Wise Ave. Balto. MD 21222

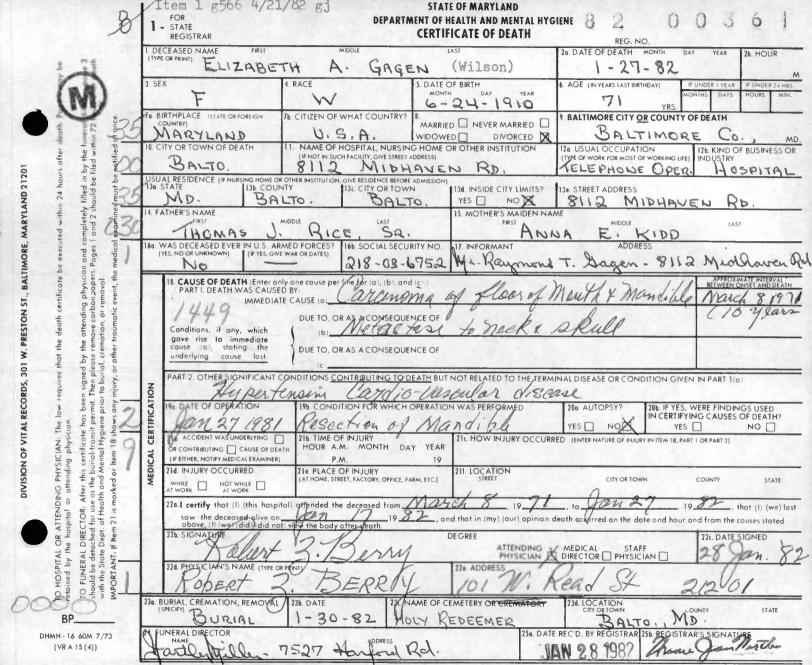
DHMH - 16 50M 1/81 (VRA 15, 4)

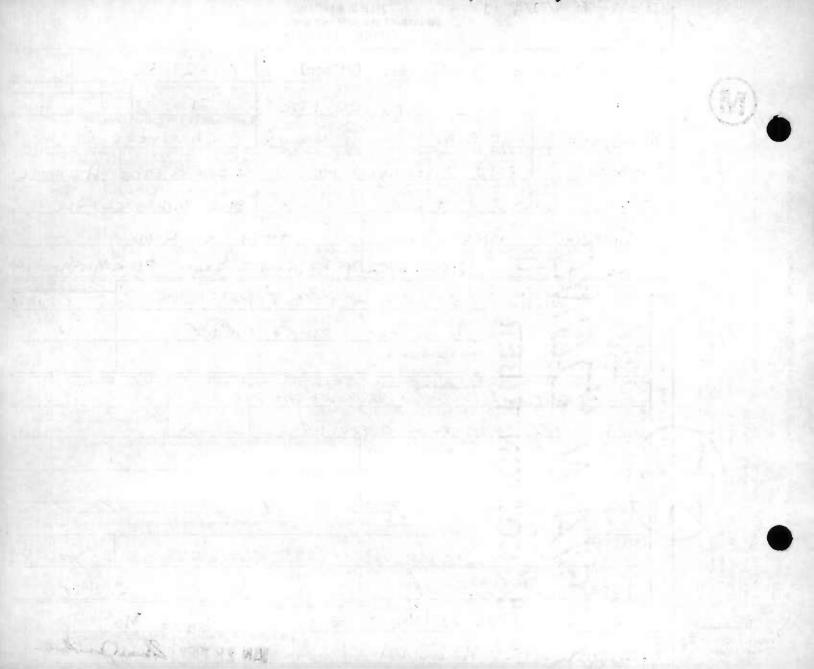
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retained by the hospital or attending physician

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	STATE OF MAKILAN
OR TATE	DEPARTMENT OF HEALTH AND ME
EGISTRAR	CERTIFICATE OF DEA

STATE OF MARYLAND NTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME (TYPE OF PRINT)	FIRST	MIDDLE		AST	In DATE OF BEATH	MONTH DAT	TEAR	2h HOUR
	OYCE	Α	GA	RRISON	1/23/8	2	150	2 90
3. SFX Female	4. RACE Wh	ite	5. DATE O		4. AGE/(N. YEAR FLAST BI	-04	NOME I YEAR	NAMES OF SEC.
Jo. BIRTHPLACE (STATE OR FO	PREIGN 76. CITIZEN	OF WHAT COU	NTRY? 8		9. BALTIMORE CITY (	OR COUNTY OF	DEATH	
Maryland	U.S	.A.	MARRIE	D NEVEL AARRIED DIVORCED		ore City		MD.
10. CITY OR TOWN OF DEA		OF HOSPITAL, N		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION		F BUSINESS OR
Dundalk			sing Hon	ne	Aide		Caton	Manor
Maryland	136 COUNTY	13c CITY OF		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3430 Carri	Apt. 4	2113	33 N.II.
14. FATHER'S NAME FIRST Cliffor	MIDDLE	Hai	rbeson	15 MOTHER'S MAIDEN NAM	MIDDLE		Grie	eve
160 WAS DECEASED EVER II (YES, NO OR UNKNOWN)	U.S. ARMED FORCE (IF YES, GIVE WAR OR DAT	S1	40-5234	James E. Gar	rison, Sr.		aple A	21227 Ave.
Conditions, if any, gove rise to immocouse (a), stoling underlying couse  PART 2 OTHER SIGN:	which ediate the lost.	O, OR AS A CON	SEQUENCE OF	NOT RELATED TO THE TERM	G He	DITION GIVEN	7/1	9/80
19a DATE OF OPERATION OF THE PROPERTY OF THE P	ON 196 CC	INDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH?
OR CONTRIBUTING   CA.  (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE   NOT WHILL  AT WORK   AT WORK  22a.l certify that (1) (**  Saw the decease.	USE OF DEATH LEXAMINER)  D 21e PLA (AT MOM this haspital) oftende	P.M. ACE OF INJURY E. STREET, FACTORY, C	fram 1 2	216. HOW INJURY OCCURR  216. LOCATION STREET  d that in (my) (aur) apinion a DEGREE  ATTENDING PHYSICIAN  226. ADDRESS	CITY OR IC	wn 25, 19 ate and hour an	COUNTY 3 2, 1	STATE  hat (I) (we) last auses stated  MGNED  24/82  WA 21222
23a BURIAL, CRÉMATION, R (SPECIFY) Cremati			23c. NAME OF CI	METERY OR CREMITORY Park Cremator	23d. LO ATION CITY OR TOWN Baltimor	e	Ma YTHU	aryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

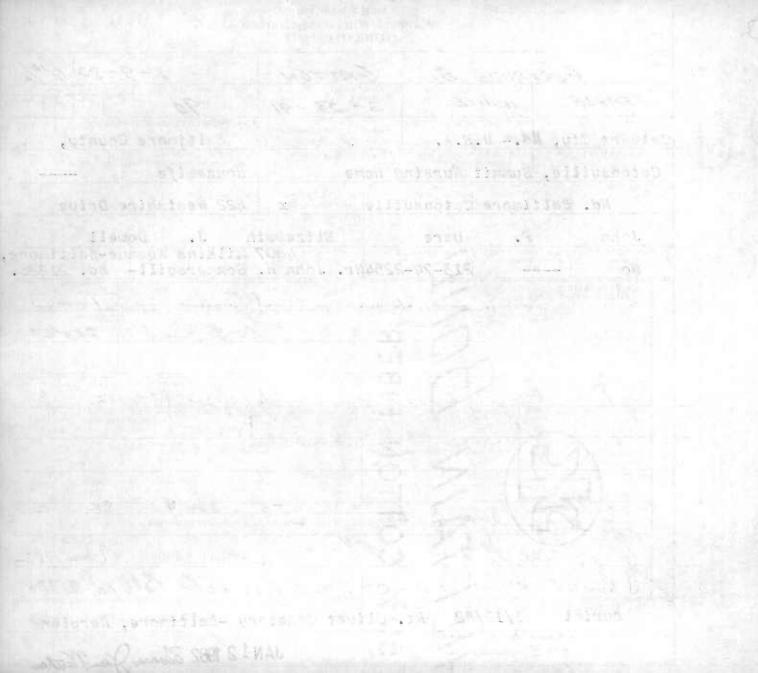
MPORTANT: If Item 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JAN 25 1982 Zancas Van No.

TOXOLOGY. the first part I have been been an accompanied to and the Children Williams The south the control of Shirten because the car from the first enter two to the 20 199 Parcel W.



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayal

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

	ECEASED NAME FIRST	MIDDLE	CENT	IFICATE OF DEATH	REG. NO		
	PE OR PRINT)	MARGARET G.	CAVNOR	LAST		DAY YEAR	2b F
3 SE	EY	14 RACE		OF BIRTH	January 15th,	IF UNDER I YEAR	1:
3 36	Female	White		b. 7th,1886	95	MONTHS DAYS	HOU
Po. B	BIRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY OR COUN		_
	altimore, Md.	USA	WIDOV	IED NEVER MARRIED NED NEVER MARRIED	Baltimore Cou	nty	
10 C	Dundalk	3403 Corn		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	GLIFE) 126. KIND O INDUSTRY	F BUS
130 N	JAL RESIDENCE (IF NURSING HOLE STATE Md.	OR OTHER INSTITUTION GIVE RES UNTY 136 CT	IDENCE BEFORE ADMISSION TY OR TOWN TO .	138 INSIDE CITY LIMITS?	340 Winston A	venue	
14 F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	LAS	
	Michael Murph			Elizabeth	Broderick	EAS	01
	WAS DECEASED EVER IN U.S.	CIVE WAR ORD ATEEL	CIAL SECURITY NO.		ADDRESS		
- `	no	21	3-50-1925	J1-Mrs. Mary	Huber-340 Winst	on Avenue	e
	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, ORAS A	CONSTONENCE DE	ratio lear	lival	Some ,	
TION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFIC AN	(c) T CONDITIONS <u>CONTRIB</u>		Memorial Inc.	lival.		
TIFICATION	gave rise to immediate cause (a), stating the underlying couse last.	(c) T CONDITIONS <u>CONTRIB</u>		UT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	GIVEN IN PART 110  YES, WERE FINDINITIFYING CAUSES YES	NGS U
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	(c) CONDITIONS CONTRIB	OR WHICH OPERATI	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES []	NGS U
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFIC AN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIB  196 CONDITION F  216. TIME OF INJUIT HOUR A.M. M  P.M.  216. PLACE OF INJU	OR WHICH OPERATI RY ONTH DAY YEAI 19 JRY	ON WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF Y IN CER	YES, WERE FIND IN ITIFYING CAUSES YES [] 8 PART I ORPART 2)	NGS U
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ETHER NOTIFY MEDICAL EXAMPLE.	T CONDITIONS CONTRIB  196 CONDITION F  216. TIME OF INJUIT HOUR A.M. M  P.M.  216. PLACE OF INJU	OR WHICH OPERATI RY ONTH DAY YEAI 19	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES YES []	NGS U
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIB  196 CONDITION F  216. TIME OF INJUITHOUR A.M. M. P.M.  216. PLACE OF INJUITHOUR STREET, FACT	OR WHICH OPERATI  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19	20a AUTOPSY? 20b. IF Y IN CER	YES, WERE FINDIN TIFYING CAUSES YES	NGS U OF DI NC
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIB  196 CONDITION F  216. TIME OF INJUITHOUR A.M. M. P.M.  21e. PLACE OF INJUITHOUR STREET, FACT	OR WHICH OPERATI  RY  ONTH DAY YEAR  19  JRY  ORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 and that in (my) law appinion  DEGREE  ATTENDING	20a AUTOPSY? 20b. IF Y IN CER YES NO CENTER NATURE OF INJURY IN ITEM 1	YES, WERE FINDIN TIFYING CAUSES YES	NGS U OF D NC
	gave rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFIC AN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMINATION OF CURRED  WHILE SOW THAT OF	(c)	OR WHICH OPERATI	ON WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 and that in (my) law appinion  DEGREE  ATTENDING	200 AUTOPSY? 20b. IF YIN CER YES NO CITY OR TOWN  CITY OR TOWN  deoth accurred an the date and h  MEDICAL STAFF DIRECTOR PHYSICIAN	YES, WERE FINDINITIFYING CAUSES YES  8 PART I OR PART 2)  COUNTY  19  19  10  10  10  10  10  10  10  10	NGS U OF DI NC

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	reducted farther	C/E-102 DIE	Latvell

SIEIS the dra. Observed bistorial with his

219 Langley Road LAST ADDRESS 1626 Manor Road Balto., MD.21222 APPROXIMATE INTERVAL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STATE and that in (our) opinion death accurred an the date and hour and from the couses stated 9000 Franklin Square Drive Duda-Ruck, Inc. DDRESS Dundalk, MD. 21222 7922 Wise Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

20 DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

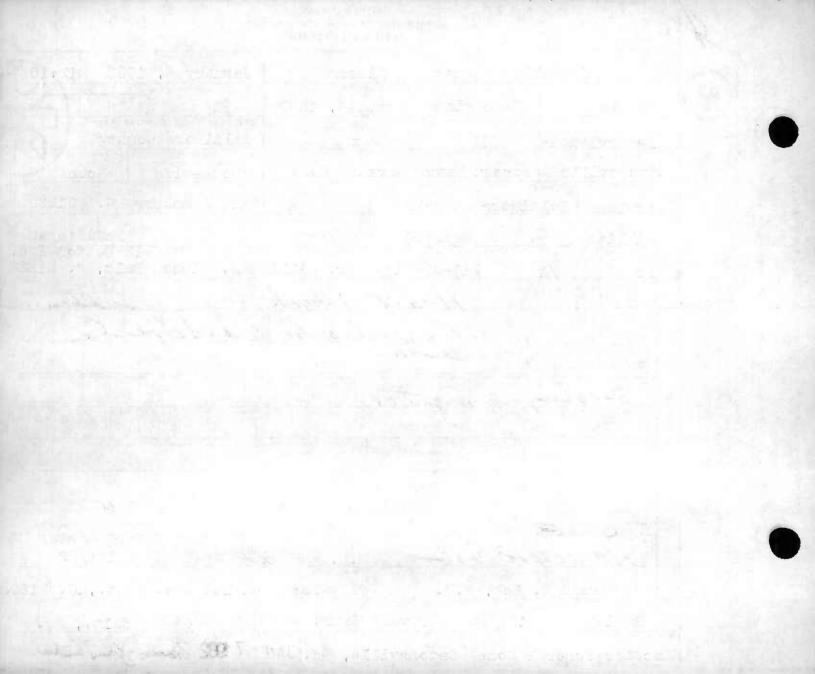
- STATE

TYPE OF PRINT

L DECEASED NAME

REGISTRAR

The state of the s



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

ENE B

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1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	(TYPE		NNE	1	MIDDLE	The second second	DMAN .	20 DATE OF DEATH	MONTH DAY	5/82	26. HOUR 20 A.M
	3 SE	x Female	4	White	е	5 DATE C	.26,1914 YEAR	6. AGE (IN YEARS LAST BIR		NIHS DAYS	IF UNDER 24 HRS
1	-	RTHPLACE (STATE OR COUNTRY)  arroll Co.		CITIZEN OF	WHAT COUN	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	ecountyonore Co.		MD.
		andalls town				URSING HOME CONTRECT ADDRESS HOS	pt.	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF	on ewife	12b. KIND O INDUSTRY	OF BUSINESS OR
2		AL RESIDENCE (IF NURS	13h COUNT	ilto.			13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Mills (	Court	
	4 FA	Edward	M	J.	Tri	te	is. MOTHER'S MAIDEN NA		Ward	LAS	Τċ
	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES?		SECURITY NO. 8-8591	17. INFORMANT Mr. Baymond W.	. Godman Re		town,	Md.
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	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	NG CAUSES	
	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING UIFEITHER NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEATH CAL EXAMINER)	P./ 21e. PLACE (	M. MONTH M. OF INJURY	DAY YEAR 19	21c HOW INJURY OCCUR 21L LOCATION STREET	RRED (ENTER NATURE OF INJUI		1 OR PART 2)	STATE
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		Burial	KEMOVAL	Jan. 30	,1982	Druid	EMETERY OR CREMATORY Ridge	23d LOCATION	ville,	· Md .	STATE

DHMH - 16 50M 1/81 (VRA 15, 4) Eliñe Funeral Home Reisterstown, Md. 21136

PIKesville, Md.

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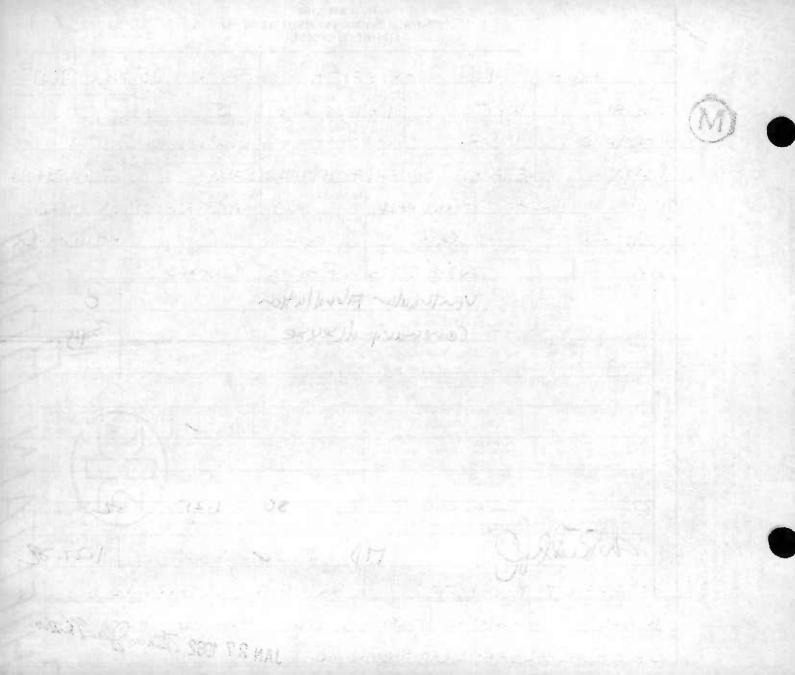
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	-	1	DECEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE	OF DEATH MO	NTH DAY	YEAR 2b	HOUR
	may be page 3 er death		Je	eannet	te S	tella	Gos	ciniak		1	15	82	M
	ad)	3	SEX		4 RACE		5. DATE C		6. AGE	IN YEARS LAST BIRTHD	AY) IF UNDI		UNDER 24 HRS
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MARYL	completely 1 and 2 sh	2 14	FATHER'S NAME FIRST  Add 1ph	۸	AIDDLE	otrzusk:	i	15. MOTHER'S MAIDEN FIRST  Josephi		MIDDLE	Po	dowski	
IMORE	n and co	16	WAS DECEASED EVER		AED FORCES? WAR OR DATES)	166. SOCIAL SE 220 07		17. INFORMANT Leo W. Gos	ciniak	ADDRESS 1516 R:	ita Roa	d	
OI W. PRESTON	requires that the death certificate in signed by the attending physici. Then please remave corbanispapes or burial, cremation, or remaval. injury, or other traumatic event, the			which mediate ng the e last.	(b) DUE TO, O	R AS A CONSEC R AS A CONSEC	DUENCE OF	Canca &	TERMINAL DISE	ASE OR CONDITI	ION GIVEN IN	PART I(o	
AL REC	he law rion. has been it permit iene prio		19a. DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES [	- 11	Ob. IF YES, WERI N CERTIFYING ( YES []	CAUSES OF	USED DEATH?
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	R ATTENDING P haspital or atter RECTOR: After the red for use as the spt. of Health and lem 21 is marked		226. certify that (I saw the decea above, (I) (we)	) (this hospite	1 /	2/ 10	8C . or	d that in (my) (arr) opin	, to_	irred on the date	and hour and f		ses stated
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3. SEX  4. RACE  5. DATE OF BIRTH  MOCH DAY  4. AGE (INTERS LASS BRIDGAR)  5. AGE (INTERS LASS BRIDGAR)  6. BALTHORE COUNTY OF DEATH  6. CITY OR OWN TO MOCH OF MO		FOR		TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 2	003
DECEASED NAME 1941 MODIFIED AND 184 AGE (INSTANCE) DATE OF BERTH MODIFIED AND 184 AGE (INSTANCE) BRITCHARY AS I BRODGE VYES MODIFIED AND 184 BARTIMORE CITY OR COUNTY OF DEATH MARRIED OF NEVER M			CEF	RTIFICATE OF DEATH	REG N	0.
3. SEX    PART   SINGLE CHORESON   P. CITIZEN OF WHAT COUNTRY   MARRED   MA			WIDDLE	LAST		
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IS CHINO OF DEATH   1) ANNE OF HOSPITAL, INDRING HOME OR OTHER INSTITUTION   12 IS STREET ADDRESS   13 IS STREET ADDRESS   13 IS STREET ADDRESS   14 IS STREET ADDRESS   15 IS STREET	_ (0	UNTRY	76 CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH
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15 MOTHER SMANDEN NAME   MODIE   LAST   SMOTHER SMANDEN NAME   MODIE   LAST   MODIE   LAST   SMOTHER SMANDEN NAME   LAST   MODIE   LAST   SMOTHER SMANDEN NAME   LAST   MODIE   LAST   SMOTHER SMANDEN NAME   LAST   MODIE   LAST   L	13a ST	RESIDENCE (IF NURSING HOME OR ATE 13b COUN			13e. STREET ADDRESS	
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180 DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   ADDRESS   ADDRESS   186 SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   ADDRES	7.0		MIDDLE LAST	15. MOTHER'S MAIDEN NA		TAST
18 CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c)   PART   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   VALUATION FLOWING   PART   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   VALUATION FLOWING   Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.   (c)   OUR TO, OR AS A CONSEQUENCE OF   (c)   DUE TO, OR AS A CONSEQUENCE OF   (c)   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to winderlying cause lost.   (c)   196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200, AUTOPSY?   270, INCERTIFYING CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED   200, AUTOPSY?   270, INCERTIFYING CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED   200, AUTOPSY?   270, INCERTIFYING CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED   200, AUTOPSY?   270, INCERTIFYING CAUSES OF CONTRIBUTION   196. CONTRIBUTION   COUNTY WITH CHILD FOR AMILY OF INJURY OCCURRED   210, FIRE OF INJURY   211, FIRE OF INJURY   211, FIRE OF INJURY   211, FIRE OF INJURY   212, FIRE OF INJURY   213, FIRE OF INJURY   214, FIRE OF INJURY   214, FIRE OF INJURY   215, FIRE OF INJURY   215, FIRE OF INJURY   216, FIRE OF INJURY   217, FIRE OF INJUR			KR555	SmmA.		
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c)   PART 1, DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   VALTICULAR   TO NUMBER 1   PART 1, DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   VALTICULAR   TO NUMBER 1   PART 1, DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   VALTICULAR   TO NUMBER 1   PART 1   P	160 WA			O. 17 INFORMANT	ADDRE	SS
IS CAUSE OF DEATH   Enter only one cause per line for (a), (b) and (c)   PART 1, DEATH WAS CAUSED BY:   PART 1, DEATH WAS CAUSED BY:   PART 1, DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF   COnditions, if only, which gove rise to immediate cause (a), storing the underlying cause lost.   (c)   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUEN	7		217 01 7688	A FAMIL	1 RECORD	S
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRE	P	gave rise to immediate couse (a), stating the underlying couse last.  ART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE C	DF BUT NOT RELATED TO THE TERM		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  21d PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (I) (this haspital) ottended the deceased from  320.1 certify that (I) (this haspital) ottended the deceased from  320.1 certify that (I) (this haspital) ottended the deceased from  320.1 certify that (I) (this haspital) ottended the deceased from  320.1 certify that (I) (this haspital) ottended the deceased from  320.1 certify that (I) (this haspital) ottended the deceased from  321. Supplied  322. Dates  323. BURIAL, CREMATION, REMOVAL  323. DATE  323. BURIAL, CREMATION, REMOVAL  323. DATE  324. NAME OF CEMETERY OF CREMATORY  325. DATE  326. DATES  327. DATES  328. NAME OF CEMETERY OF CREMATORY  329. LOCATION  COUNTY	Z INCA	a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ITION WAS PERFORMED		IN CERTIFYING CAUSES OF
(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  270. I certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) apinion death accurred on the date and hour and from the composition of the date and hour and			The state of the s	AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
270. I certify that (I) (this haspital) attended the deceased from	/ S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
sow the deceased give an above the date and hour and from the combon. (If the date and hour and from the combon.)  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  2724 PHYSICIAN'S NAME (TYPE ADDRESS  2726 ADDRESS  2736 BURIAL, CREMATION, REMOVAL 23b. DATE  2736 BURIAL, CREMATION, REMOVAL 23b. DATE  2736 BURIAL, CREMATION, REMOVAL 23b. DATE  2737 SINAME OF CEMETERY OR CREMATORY 2736 DOUNTE.		WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TO	wn COUNTY
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  272. DATES  272. DATES  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  272. DATES  273. DATES	27			19 8 C	10 1-25	, 1981_, that
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		sow the deceased alive on	i nev the body after death.	o, and that in (my) (our) opinion	death occurred on the de	ate and hour and from the caus
276 PHYSICIAN'S NAME (TYPE 27 PLANE)  270 BURIAL, CREMATION, REMOVAL 238. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOR TOWN COUNTY.	27	an Rush	D.		MEDICAL STAR	FF 224. DATE SIGN
ISPECIFY COUNTY	27	d PHYSICIAN'S NAME (TYPE	W( )			
ISPECIFY OR CREMATORY 138 LOCATION COUNTY		MicHASI T.	RUDIKOFF	222 11/15	9> 040 T	200/2019
(SPECIFY)	230 DUF	RIAL, CREMATION, REMOVAL				KIING BAILS
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30. DATE REC D. BY REGIST AT THE TOTAL PARTY OF THE COLOR	^	ADS FUNSRA	LCHAPIL 8800 HAR	FORD RD. 1A	N 27 1982	, farther b



signed by the attending physician and campletely filled in try the hen please remove carbanpapers. Pages 1 and 2 shauld be filled

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic

TO FUNERAL DIRECTOR: After this certificate has been

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STATE OF MARYLAND FOR STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Baltimore

COUNTY

STATE

Maryland

REG. NO

		CEASED NAME OR PRINT)	Gertr		L.		FEBERT		January		98 <b>2</b>	YEAR	26 HOU 8:]	15am
	3 SE	x Female		4 RACE White		S. DATE (	6. AGE (IN YEARS LAST BIRTHDAY)  7. 1903  8. RAITIMOPE CITY OF COUNTY OF DEA		R I YEAR					
7		RTHPLACE ISTATE COUNTRY)  Germany		U.S.A.		WIDOWE		ORCED	Baltimore	Coun		ATH		MD.
7	Ro	ossville	JAL	Frank.	HOSPITAL, NURSING HEACILITY GIVE STREET A LIN Square	DDRESS) HOS	pital	ITUTION	(TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING L	LIFE) 12b.	KIND OF USTRY	FBUSINE	ESSOR
5	13a. S Ma	aryland	13b COUI Balt	imore	GIVE RESIDENCE BEFORE 134 CITY OR TOWE Parkvil		13d INSIDE CI YES []	NO	13e.3865 ADDRESS	y Hil	ll Av	re.	7111	
2	1	Bruno		MIDDLE	Lindner		Emilie	MAIDEN NAA	ME	S	Sande	er LAST	j	
		VAS DECEASED EV YES, NO OR UNKNOWN) O		MED FORCES?	215-12-75		Sigrid		er 1321 Gle		Rd.	. <i>Ba</i> .	lto.	Md.
	NOI	Cardiopulmonary Arrest												
2	CERTIFICATION	190. DATE OF OPERATION 196. COND		TION FOR WHICH OPERATION WAS PERFOR		RMED	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO			LH5				
7	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M  21d. INJURY OCCI  WHILE NOT AT WORK AT	CAUSE OF DE	P. PLACE	m, month da' m.	Y YEAR 19 RM, ETC )	21c. HOW IN. 21f. LOCATIO STREET		ED (ENTER NATURE OF INJU			PART 2)	s	
		saw the dece abave XI) (we 22b. SIGNATURE	20.1 certify that XI) (this haspital) attended the deceased from January 7, 1982, to January 13, 1982, that XI (we) last saw the deceased alive on January 13, 1982, and that in (XI) (aur) opinion death occurred on the date and haur and from the causes stated obove XI (we) (did (MXXIII) (did (MXXIIII) (did (MXXIIIIII))).  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/26 ADDRESS.											
	22. 0	Diane Lowe, M.D.					9000 Franklin Square Dr. Balto., MD 21237							1237

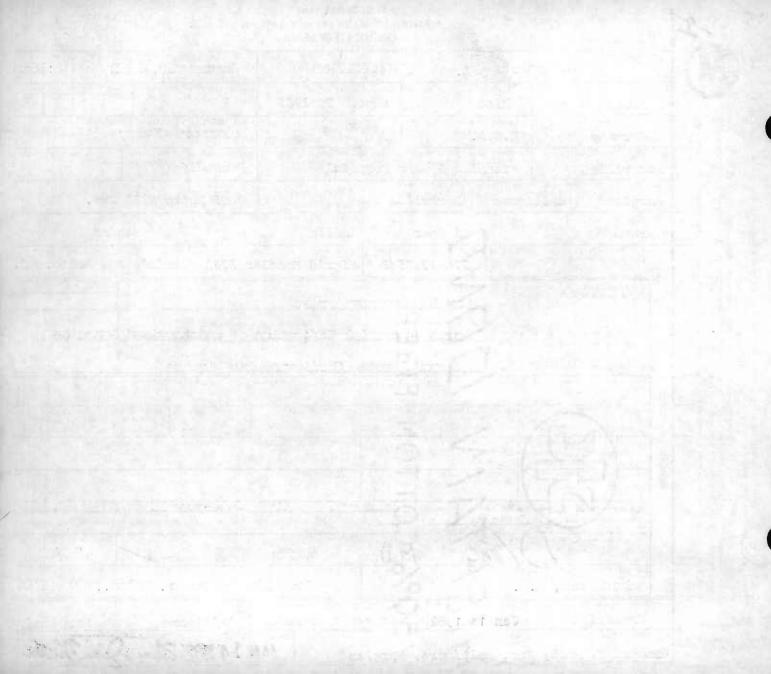
Green Mount Crematory

DHMH - 16 50M 1/81 (VRA 15, 4)

Cremation

Leonard J. Ruck, Inc. Baltimore, Maryland

24. FUNERAL DIRECTOR



Basset H. L.				
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17h KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 23d LOCATION CITY OR TOWN

REG. NO.

26 HOUR 20

IF UNDER I YEAR

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J. E. CONNELL

FOR

REGISTRAR

FIRST

- STATE

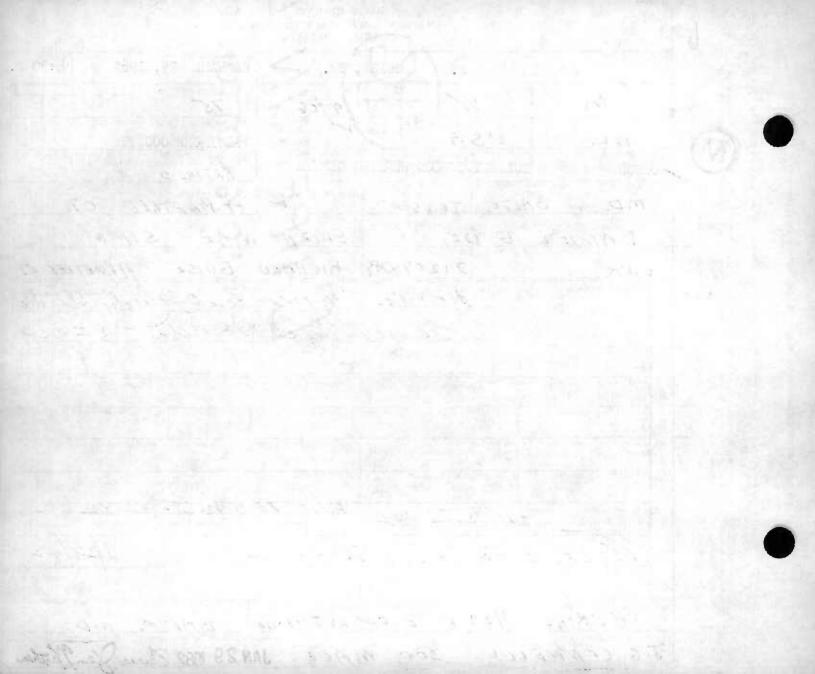
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/81 (VRA 15. 4)



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detoched far use as the burial-transit permit. Then please remove corbon-papers. Pewith the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

IMPORTANT: If them 21 is morked or them 18 shows any

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGIS					CERTII	FICATE OF DEATH		REG. N	0.		
	1 DECEASED		FIRST		MIDDLE		LAST	20	DATE OF DEATH	MONTH DA	Y YE AR	26 HOUR
		N	AMIE		М.	HA	LL		January 26	,1982		3:35a
	3 SEX	'emale		4 RACE Wh:	ite	5. DATE O			AGE (IN YEARS LAST BIT	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Maryla			USA	WHAT COUNTRY?	WIDOWI		E	Baltimore city of Baltimore	County C	F DEATH	м
7	Rossvi	own of DEA	237	Frankl	in Square	HOST	or other institution		USUAL OCCUPAT TOUSEWIFE		12b. KIND O INDUSTRY Home	OF BUSINESS OF
2	Maryla	nd	136 COUN	other institution ity imore	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMIT YES NO	TS? 13	STREET ADDRESS P25 Foxwood	d Lane	2122)	
5		FIRST Joh	nn Th	amert	LAST		15. MOTHER'S MAIDEI FIRST	NAME	Lora Yent		LAS	ST .
I				MED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDR			-11-11
		NO Threnown)	-		801 10 6	104	Vincent P	. Ha	ll Sar	ne		
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	210 ACC	TE OF OPERAT	ОИ	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	-	200 AUTOPSY?  YES □ NO ■		WERE FINDIN NG CAUSES	
1	00.00	CIDENT WAS UNDE	USE OF DEA	111	M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED			I 1 OR PART 2)	
	WHILE AT WORK	AT WORK	E 🗆		EET, FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
	sav obe	the decease	d alive an	al) oftended the January	e deceased from	32, a	$\frac{\text{ry}}{25}$ , 19. $\frac{\text{c}}{25}$ and that in ( $\cancel{N}$ ) (our) opinions	32 inion deo	, to January th occurred on the d		and from the	
	t	ichar	di	aller	o MD		ATTENDIN PHYSICIA	NG AN D	MEDICAL STA	FF IAN 🕍	1/26 DAJE	6/82
	22d. PH	Rich		DelPero			9000 Fra	nkli	n Square	Drive 2	21237	
	230. BURIAL, (	CREMATION, R	EMOVAL	23b DATE	23c N		EMETERY OR CREMATO	YSC	23d LOCATION		COUNTY	_ STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

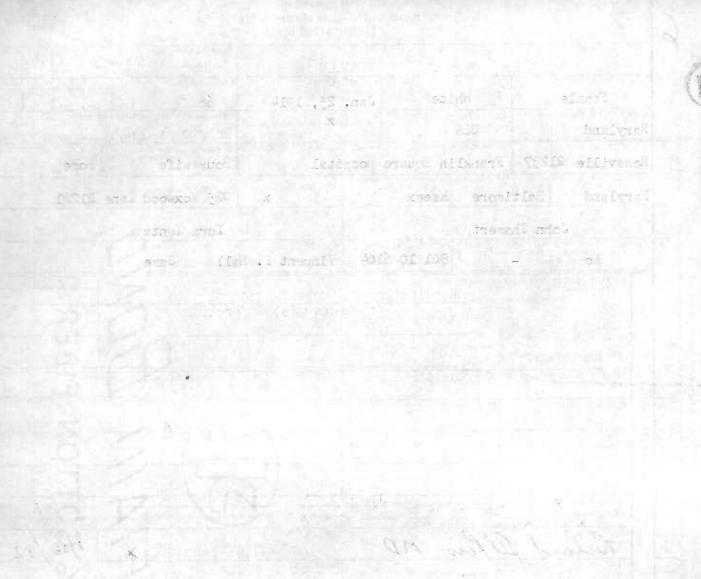
TO HOSPITAL OR ATTENDIN

Burial 1-28-82

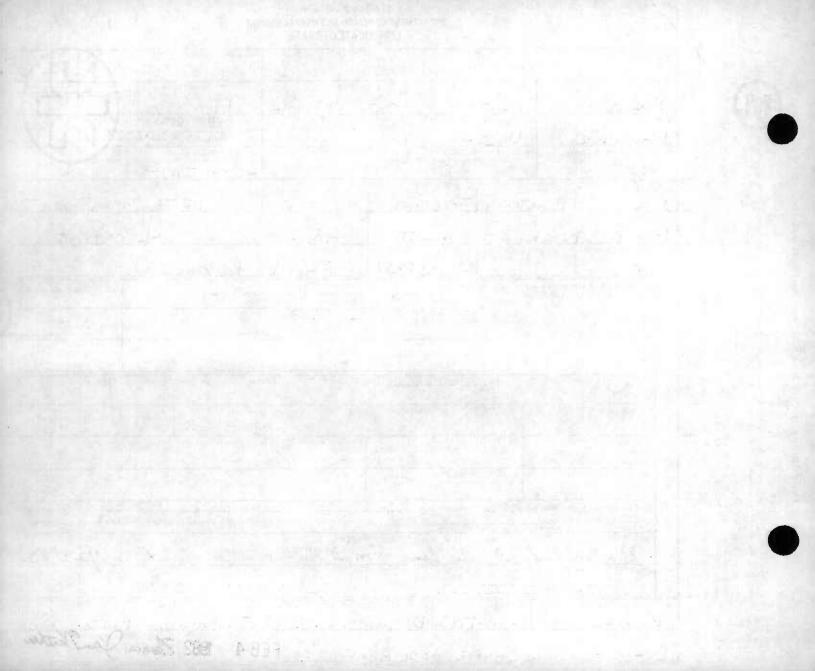
Funeral Home

Baltimore County, Maryland Holly Hill Mem. Gard. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

PA 1407 Old Eastern

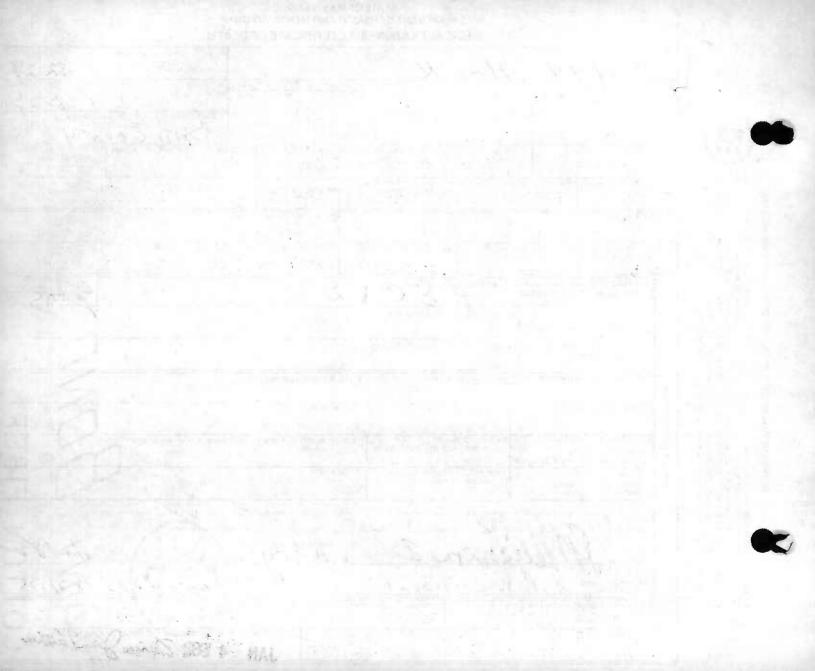


Turkel 1282-82 Lally ill beround. Hally court, Harding Const. Hard



(125/11.1 DATE TO THE THE PROPERTY OF THE 11/2/12/14/21/21 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN ESTI-DEATH MATED JE UNDER 24 HRS DATE MONTH 4- 20 LAST BIRTHDAY PRONOUNCED Female Caucasian 67 DEAD 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BACTMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland II.S.A. WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK Randallstown Baltimore County General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 9009 Dogwood Rd. 13c CITY OR TOWN WOOd Lawn Woodlawn Md. DIVISION OF MAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TAST Meekins Elizabeth 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Miss Linda (YES, NO. OR UNKNOWN) 9009 Dogwood Rd. Woodlawn. Md. 217-50-6814 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ALONG V PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 4 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL, YES [ NO BE R: PAGE 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE A SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Inspection MARYLAND, Accident Suicide Undetermined manner death resulted Natural causes ORE, EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sykesville, Carroll Burial Lake View Mem. Park BP 24. FUNERAL DIRECTOR Loring Byers Funeral Directors Inc. 250. DATE REC'D. BY REGISTRAL SIGNATURE 8728 Liberty Road Randallstown, Maryland 21133 **DHMH - 17** (VR A15 ME (5)) 30M 7/73



THE RESERVE OF THE RESERVE OF THE PROPERTY OF - l'i o. - - u Town on Talk and Caro Luston Homemoter (1997) Property (Constant of the Property of the State of the St j 17 1 See Andreas Crosses and Company of the Company H. Hat of P. Erman, Jr., M. G. Wart St., Esto., Lec. Suril 188 82 Cres Evon Wendril Stay Carle, 188. The state of the s

	1	,	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 0 3 8 3
		1	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
ay be age 3 death			CEASED NAME FIRST BE OR PRINT) BETT	tty MIDDLE Jane LAST Haynes 20 DATE OF DEATH MONTH DAY VEAR 26 HOUR SUSTEMBLE 1/28/82 7:25 P.M.
ge 4 may ector, pa rs after d		S. SE	FEMALE	4 RACE S. DATE OF BIRTH  MONTH  DAY  12 16 1923 58 YRS  YEAR  WHITE  S. DATE OF BIRTH  MONTHS  DAY  MONTHS  MONT
dir dir	3		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF DEATH  WIDOWED DIVORCED MARRIED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MIDOWED MARRIED MARRIED MARRIED MIDOWED MARRIED MARRIED MARRIED MIDOWED MARRIED MARRIED MARRIED MARRIED MIDOWED MARRIED MARRIE
M political	5	R	ry or town of DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Baltimore County Ceneral Hos.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Homemaker
in 24 hou y filled in hould be	36	13a. S	Maryland Balt	o Catonsville YES NO M 6052 Moorehead Rd.
ompletely ond 2 s	30		Joseph	James LAST Edna Ball LAST
and condes	1	[3		F WAR OR DAYES
cian c	-		no	216-18-3007 Mr. Carlton L. Haynes, 6052 Moorehead Rd.
es that the death certifued by the attending p please remove carbons urial, cremation, or rem , or other traumatic eve			Canditians, if ony, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f
sign Then to bu		S O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
icion.  te has been sit permit. I giene prior shows any ii.	9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
ding physicial straight of the			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL LIFEITHER NOTIFY MEDICAL EXAMINER	
ottendir fter this as the bu th and M orked ar		MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN COUNTY STATE
CTOR: A for use of Healt	2		saw the deceased alive on abave, (I) ( (did) (d	al) attended the deceased from 120, 1982, to 128, 1982, that & (we) lost 28, 1982, and that in (mg) (our) apinion death occurred on the date and hour and from the causes stated
y the hosp RAL DIREC detoched for District Dept. of Them of Them			226. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/28/82
to FUNERAL should be determined by the State with the State	1		22d. PHYSICIAN'S NAME JTYPE OF	. SINITA BALTIMORE COUNTY GENERAL HOSPITAL
BP 1		(	JRIAL, CREMATION, REMOVAL PECIFY) Burial	236 DATE 2/1/82  236 NAME OF CEMETERY OF CREMATORY 2/1/82  236 NAME OF CEMETERY OF CREMATORY Baltimore, Maryland  STATE
MMH - 16 50M 1/81 (VRA 15, 4)			NERAL DIRECTOR 1630 E	dmondson Avans Catonsville, Md 25. DATE REC'D. BY REGISTRARY SIGN FATHER E Funeral Home, P.A. 21228 JAN 29, 1982 Francis

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED 6. AGE (IN YEARS SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED NHITE 89 DEAD . BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY) MD U.S.A. DIVORCED WIDOWED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Randallstown County General Hospital Florist Florist USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY Baltimore 13a. STATE 13t. CITY OR JOWN Woodlawn 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NOX Apt. 7600 Clay's Lane 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Andersen Androw Mary Fraser 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Mrs. Mary H. ADDRESS ller 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-22-9482 104 Valley View Drive, Edinboro 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b) and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6]. CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES [ NO T 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that Ltook charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME 23a BURIAL CREMATION REMOVAL 236 LOCATION Burial 1/30/82 Lorraine Park Woodlawn 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DATE REC'D BY REGISTRA **DHMH-17** (VR A15 ME (5)) 8728 Liberty Rd., Randallstown, MD 21133 30M 7/73

Bongs S. Herwings of green 83-L's propries white states of the c'a 5 2 U . W. Eller 1990 BELLE SELECTION Visite of the second state of the second state of the second seco Catalogach Company to the capture of TESTS of the engineering of the took body of the tests and the Burght Fah. 3. 1072 - Landow Fahr Landthin - Deltinger, Ld.

ANTHON KINN SHIFTER BOTTE The second secon ond 2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR TTYPE OR PRINT 08 82 MILDRED Gaskins HELLEN 0.13 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female White July 15, 1901 Ja BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) O CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON N. CHARLES Teacher Education USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Cockeysville 13801 York Rd. 21030 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Gaskins Frances Irving Hellen E. Frances Homer 1523 W. Joppa Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 220.20.9311 Riderwood, Md. 21204 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 211 LOCATION 21. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from 01 - 08and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) yew the bedy after death 22b. SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANY 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22€ ADDRESS DR. CLAUDIUS KLIMT 6702 NORTH CHARLES ST., BALTO., MD. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Maryland Cremation 1/9/1982 Green Mount Crematory

21222

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc., Balto., Md.

MELLEN

01 08 82 3:09P

BALTIMORE

TOHSON 6701 N. CHARLES STREET.

ACUTE MYOCARDIAL INFARCTION

01-08 32

DR. CLAUDIUS KLIMT

6701 WORTH CHARLES ST., BALTO., MD.

58-80-10 21204

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CONTRACTOR STUDIES

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DHMH - 16 50M 1/81 (VRA 15, 4)

Catonsville, Md.

	1 -	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	AL HYGIEI I	NE 8 2	Q No.	0 3	8 4	
		CEASED NAME FIRST		D.	Henz	ler		DATE OF DEATH		1982	7:35 <sup>A</sup>	-
	3. SE	Female	4 RACE	te	5. DATE O	• 22,189		AGE (IN YEARS LAST)	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	-
5	Bo	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A		RY? 8 MARRIED WIDOWE	DIVORCE	D	Baltimore city  Baltimo			MC	
10	Ca	tonsville	Frede	H FACILITY, GIVE ST	REET ADDRESS)	ROTHER INSTITUTION NUrsing	DN 12	B USUAL OCCUPA	TION OF WORKING	12h KIND C	F BUSINESS OR	
34	13a. S	Md. Ba	OUNTY ltimore	Catons	OWN Buille	13d. INSIDE CITY LIM YES NO	X	street address	eato	n Plac	e	
30		John		Donnel		Minni  Minni	e	WIDDLE		linesc		
1	16a V	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	212-7	74-926	John K.	alti Henz	more, ADD ler-815	All	d. 212 en Dri	ve	
		18 CAUSE OF DEATH (Enti- PART I. DEATH WAS CA	er anly ane cause per LUSED BY: DIATE CAUSE (a)	line far (a), (b),	and (c)	Sej	tree	n co		BETWEEN	MATE INTERVAL ONSET AND DEATH	-
		Conditions, if ony, which gove rise to immediate cause (0), stating the	(b)	R AS A CONSEC		Rien	wer.	La Elsen	eszi	1/4 =	ake.	-
	NOI	PART 2 OTHER SIGNIFICA	(c)	ONTRIBUTING T	O DEATH BUT	NOT ROLATED TO THE	E TERMIN	AL DISEASE OR CO	NDITION G	VEN IN PART 1	Teach .	=
9	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHI	ICH OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	OF DEATH?	
9	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A./	M. MONTH M.	DAY YEAR	21¢ HOW INJURY O	CCURRED	(ENTER NATURE OF IN	IURY IN ITEM 18	PART 1 OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		EET, FACTORY, OFFI		21f LOCATION STREET		CITY OR	OWN	COUNTY	STATE	
		220.1 certify that (1) (this h saw the deceased alive	e on 1 - 7	- 19	\$ 2 an	d that in (my) ( <del>out)</del> ap	pinian dea	th occurred on the	dote and ho			
		225 SIGNATURE	alle	Mi	Ro Ti		ING IAN A	MEDICAL ST MRECTOR PHYS	AFF ICIAN []	276. DATE		_
1			McKay M.		/			ing Road	Baltin	more,Md.	21228	
	(	BURIAL, CREMATION, REMO	2/2/8	2 14	lester	n Cemete.	ry			Maryl		
T	24. FU	UNERAL DIRECTOR 2529	Edmondson e	Ace. ADDRES	55		BAT R	1982	PASS. REGIS	STRAR'S SIGNAT	URE	

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Barrell Street				

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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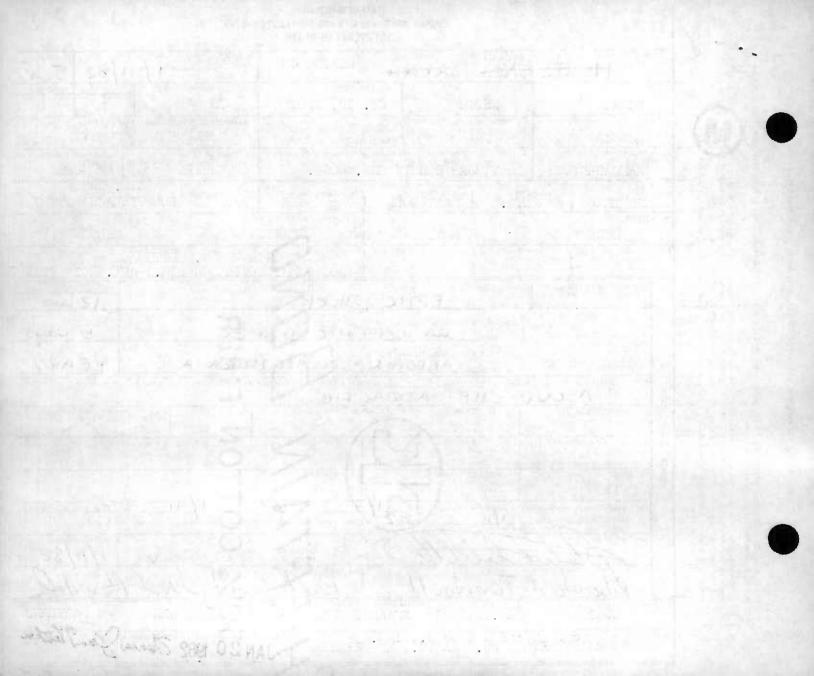
for, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

DHMH - 16 50M 1/8 (VRA 15, 4)

1/	1	- STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 0 7 .
0		ECEASED NAME FIRST	SARAH MIDDLE SARAH		HERTZBACH	2ª DATE OF DEATH MONTH	DAY YEAR 126 HOUR STORM
-	3. SI	EX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		FEMALE	SWHITE	OCT	. 28, 190ž <sup>EAR</sup>	79 YRS	
10	7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
7		RUSSIA	USA	WIDOW		BALTIMORE	E COUNTY MD.
53	1	RANDALLSTOWN		NTY GEI		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	
and a see	13a.	MARYLAND 13b C	AE OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY BALTO. 136 CITY OR TO BALTI	NWC	13d. INSIDE CITY LIMITS?	7906 DUNHILL V	APT. 202 /ILLAGE #21207
3		ATHER'S NAME MOSES	MATZ		15. MOTHER'S MAIDEN NAMED IN THE SERVICE OF THE SER		NELSŐÑ
e medica	}6a	WAS DECEASED EVER IN U.S. (YES NOOR UNKNOWN) (IF YES	. ARMED FORCES? 166 SOCIAL SE S, GIVE WAR OR DATES)	CURITY NO.		DLOMON S. HERTZE VILLAGE CIR.,	APT, 202 #21207
event, th		PART I. DEATH WAS CA	er only one couse per line for (a), (b), USED BY: DIATE CAUSE (a) 5EP		SHOCK		BETWEEN ONSET AND DEATH
ar other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR AS A CONSEC	GCH DUENCE OF	EMIC BOU		5 Days. YEARS.
injury, o	NO	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING T		-	INAL DISEASE OR CONDITION G	EIVEN IN PART 1(0)
nows any	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIC	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
or Item 18 s	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2)
is marked ar I	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	DE, FARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		sow the deceased alive	ospital) attended the deceased from	010	nd that in (my) (our) opinion (	death occurred on the date and h	our and from the couses stated
VT: If Hem		77h SIGNATURE	A libelly	3	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/11/82
MPORTANT: If Item 21		Reban's NAME (TO	& Tunnoul	1	Balte (	and Shot	(Hospital)
		BURIAL, CREMATION, REMOV	JAN.13,1982	SHAAR!	EI TFILOH	BALT MORE	COUNTY MARYLAND
/81	24. F	UNERAL DIRECTOR SOL 6010 REISTER	LEVINSON & BROS STOWN RD. BALTO	i, INC.	01015	EREC'D. BY REGISTRAR 25 PEGI	STRARS SCHATUFE ALLEN



	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIE
REGISTRAR	CERTIFICATE OF DEATH

74. FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS
7922 Wise Avenue Dundalk, MD. 21222

ENE 8 2

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR & GIGNALORS (BALLER)

0	REGISTRAR		CERTIF	ICATE OF DE	CAIN	REG.	NO		
	ECEASED NAME FIRST	MIDDLE	L	AST		20 DATE OF DEATH		DAY YEAR	2b HOUR
1	Mildr	ed Alice	He	slop			1 2	7 82	A4
3. SE	EX	4 RACE	5. DATE C	F BIRTH		AGE (IN YEARS LAST		IF UNDER I YEAR	
	Female	White	MONTH	16	1900	81	YRS.	NONTHS DATS	HOURS MIN.
7a B	COUNTRY)	76 CITIZEN OF WHAT COUNTE	RY? 8	D NEVER M		BALTIMORE CITY		OF DEATH	
Pe	ennsylvania	U.S.A.	WIDOWE		ORCED	Baltim	ore C	ounty	MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME C			120 USUAL OCCUPA	TION	126. KIND C	OF BUSINESS OR
Du	ındalk	1700 Church				(TYPE OF WORK FOR MOS Housew		E) INDUSTRY	
	JAL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION GIVE RESIDENCE BE		1 13d. INSIDE CIT	VIIIIITE 2	3e. STREET ADDRES	70270		
		timore Dund			NO DE	1700 Ch		Road	
14 F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S	MAIDEN NAM	E	ur on .		
	Merton	Tyrr	ell		IRS†	WIDDLE		Culy	
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		17. INFORMAN	NT.	ADD	RESS 1700		rch Roa
	(YES, NO OR UNKNOWN) (IF YES, C	579-40	0-2485	Rev. H.	Willia	am Heslo			
	18 CAUSE OF DEATH (Enter	only one couse per firm for my this			1	1			IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	SEÓ BY: ATE CAUSE (0)	wat	out.	Tal	Ller		Bernetti	O-Mac I AIND DEATH
	151112	- 1	/	1 1.	- (				
	Conditions	DUE TO, DR AS A CONS	BILENCE OF	has	- ch	xver			
	Conditions, if any, which gove rise to immediate	100		, -0-1-		0,1	40		
	couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF					750	
		( (6)							
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED 1	TO THE TERMIN	IAL DISEASE OR CO	NDITION GIVE	EN IN PART 1	01
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CU OBERATION	LM446 DEDECOR		LesTopcy3	Tank IF VEC	WEDE EINE	
E S	196 DATE OF OPERATION	176 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFOR	WED	20a. AUTOPSY?		, WERE FINDII YING CAUSES	
4 2	A) ACCIDENT MAS UNDERWOOD	21b. TIME OF INJURY				YES NO	YES	~ L.	но 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	ZIC HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18, PA	ART 1 OR PART 2)	
Q V	(IF EITHER NOTIFY MEDICAL EXAMIN		19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	211 LOCATION	N	CITY OR	TOWN	COUNTY	STATE
1	AT WORK NOT WHILE		- 0-1	10120	2		27	02	
		pital) attended the deceased from	m - 5	8/11	19	10	1	10 8 -	that (1) (we) lost
	sow the deceased olive or above, (1) (we) (did) (did r	nat) view the body after death.	, on	d that in (my) (	aur) opinion de	oth occurred on fine	date and hour	ond from the	couses stated
	22h SIGNATURE	111		DEGREE				7h. DATE	SANED .
	Mes C. F.	illeuser 1	nD		TENDING HYSICIAN	DIRECTOR PHYS	AFF ICIAN []	1/	27/80
1	926. PHYSICIAN'S NAME TYPE	OR PRINT)		22e ADDRESS				1	1
	Theodore C.	Patterson,	M.D.	3427	Dunda	lk Avenu	e	2	1222
	BURIAL, CREMATION, REMOVA		3r. NAME OF CI	EMETERY OR CE		23d. LOCATION			
	(SPECIFY) Rurial	2/3/1982	Fort I	incoln		Brantwo	50	D C	MID

DHMH - 16 50M 1/B1 (VRA 15, 4)

Property Services 16-33 - 62/2 Set 8 133 - 64/1 

	1 05	STATE REGISTRAR			CATE OF DEATH	REG. NO.		
1		CEASED NAME FIRST CARPRINTS	MIDDLE C.		451	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
A	3. SE		4. RACE	5. DATE O	SS F BIRTH	1-25-82	IF UNDER LYEAR	8 A. M
)		Female	White		-89 DAY YEAR	92	YRS MONTHS DAYS	HOURS MIN.
35	Ja B	RTHPLACE (STATE OR FOREIGN COUNTRY) Md •	76 CITIZEN OF WHAT COL	UNTRY? 8 MARRIED WIDOWE	NEVER MARRIED	Balto. Co.	DUNTY OF DEATH	MD
O Led	F	TY OR TOWN OF DEATH Parkville	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GI Perring Pkw	NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK HOUSEWIFE	12b. KIND C INDUSTRY	PF BUSINESS OR
33		AL RESIDENCE (IF NURSING HOME STATE A. COL	or other institution, give residen UNTY 13c CITY ( Balt		136 INSIDE CITY LIMITS?	13e. STAGET ADDRESS 1115 Argonne	e Dr.	
mine		THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA		LAS	
<u> </u>	_	olumbus	Cover		Julia	Anne	Cashou	r
e medico		VAS DECEASED EVER IN U.S. A ZES. NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	2-2898	Georgena E.	Hess, 1511 Argo	onne Dr.	
ner froumot		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A COL	NSEQUENCE OF	e d'arter	conlinati	A 10	7
njury, ar ot	NO	underlying couse last PART 2 OTHER SIGNIFICANT	(c)	NG TO DEATH BUT !	NOT RELATED TO THE TER/	MIN AL DISEASE OR CONDITIO	ON GIVEN IN PART 110	
naws any injury, ar off	TIFICATION		(c)			200 AUTOPSY? 20b.	ON GIVEN IN PART 116  IF YES, WERE FINDING CAUSES  YES	AGS USED
18 shows	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20b.	. IF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED OF DEATH?
Shows	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19th. Date of operation  21th. Accident was underlying or contributing cause of d	CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	WHICH OPERATION  TH DAY YEAR  19	WAS PERFORMED	200 AUTOPSY?   20b.   IN (	. IF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED OF DEATH?
18 shows		PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE 220.1 certify Into (1) (this hoss saw the deceased alive or obove, (1) inverted did (did or	(c) (CONDITIONS CONTRIBUTION FOR 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, pitol) oftended the deceased	TH DAY YEAR  19 OFFICE, FARM, ETC.)	216 LOCATION STREET  1 that in (my) (our) opinion	200 AUTOPSY? 20b. IN ( YES NO ( RRED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDING CAUSES YES (CAUSES PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE
: If Item 21 is marked or Item 18 shaws		PART 2. OTHER SIGNIFICANT  198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 218. INJURY OCCURRED  WHILE NOT WHILE ALT WORK 220. I certify that (I) (this has, saw the deceased alive a above, (I) (world th) (idid in 220. SIGNATURE	(c)	TH DAY YEAR  19 OFFICE, FARM, ETC.)	216. HOW INJURY OCCUP  216. LOCATION STREET  19 4 4 that in (my) (aux) apinion  EGREE  ATTENDING PHYSICIAN [	200 AUTOPSY? 20b. YES NO CONTROL	IF YES, WERE FINDING CAUSES YES CAUSES YES COUNTY  19 8 2  nd hour and from the	AGS USED OF DEATH? NO   STATE  that (1) (we) last causes stated
: If Item 21 is marked or Item 18 shaws		PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE ALWORK 220. I certify that (I) (this has, saw the deceased alive a above, (I) (wested to did of 27b. SICHATURE)  22d. PHYSICIAN'S NAME (TYPE	(c)	TH DAY YEAR  19 OFFICE, FARM, ETC.)	216 LOCATION STREET  19 4 Into in (my) (our Lopinion EGREE	200 AUTOPSY? 70b. IN ( YES NO	IF YES, WERE FINDING CAUSES YES CAUSES YES COUNTY  19 8 2  nd hour and from the	AGS USED OF DEATH? NO  STATE  that (1) (we) last causes stated
18 shows	MEDICAL	PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE ALWORK 220. I certify that (I) (this has, saw the deceased alive a above, (I) (wested to did of 27b. SICHATURE)  22d. PHYSICIAN'S NAME (TYPE	(c)  F CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, 1001) offended the deceosed 2 3 0 not) view the body after death  OR PRINT)  ichter, M.D.	WHICH OPERATION  TH DAY YEAR  19  OFFICE, FARM, ETC.)  I from 4/1/2  On the control of the contr	216 HOW INJURY OCCUP  216 LOCATION STREET  1 19 4  1 that in (my) (auclapinion) EGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  3128 Harford METERY OR CREMATORY	200 AUTOPSY? 70b. IN ( YES NO	IF YES, WERE FINDING CAUSES YES CAUSES YES COUNTY  19 8 2  nd hour and from the	AGS USED OF DEATH? NO  STATE  that (1) (we) last causes stated

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

						SIA	E UF MAKTLAND	)	14 . 7	64 3	2 2	
	1 -	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MEN FICATE OF DEA		REG. NO.	U	J	7 4
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH MON	TH DAY	YEAR	2b. HOUR
	(1112	. OK PRINTI	HARF	RY	ROYSTO	NE	HILD,	Sr.	01	17	82	2:07PM
	3 SE			4 RACE			OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	r) IF L	INDER I YEAR	IF UNDER 24 HRS
L		MALE		CAUCA	SIAN	01	H 21 DAY 0	6EAR	75	YRS	DAYS	HOURS MIN
6	-	RTHPLACE (STATE OR COUNTRY)  Aarvland	FOREIGN	U.S.	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MAR		9. BALTIMORE CITY OR CO			MD
6	10. CI	OWSON	ATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Straightne)	RKING LIFE)	INDUSTRY	of Business or
5	13a. S	AL RESIDENCE (IF NURS STATE [aryland	13b. COUI	VIY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  TOWSO!	N	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS 500 Virginia			
2	4 FA	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MA				1.0	
X		Charles		Wesley	Hild			lara	Bell		Sut	ton
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	100	500 VIFEI	nia A	ve.	THE RESERVE
		No			213-20-	5743	Helen	E. F	lild , Towson	. Mc	. 218	04
		Conditions, if ony, gove rise to improve (o), stating underlying couse	nediote ig the last.		RASA CONSECUE		& ACID	OSIS T &	AR DISSUCTA & ACUTE RE FAILURE RESUSCITATI INAL DISEASE OR CONDITION	NAL ON	IN PART 1	0)
	NO					My						
9	CERTIFICATION	19a. DATE OF OPERA	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D			ERE FINDING CAUSES	OF DEATH?
		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DE	1111	M. MONTH DA	Y YEAR	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJURY IN	IEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RK		EET, FACTORY, OFFICE, FA	12/	211 LOCATION STREET	01	CITY OR TOWN		COUNTY	STATE
		22a.1 certify that (I) (this hospital) attended the deceased from 82, 19 81, to 11/17, 19 82, that (I) (we) I saw the deceased alive on above 7(I) (we) (did) (did not) view the body after death.									that (I) (we) last couses stated	
		226. SIGNATURE	A	Cp 1	710.	10	PHYS	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	SIGNED
		DR. X	融	A. LEW	IN, MD.		22e ADDRESS	G.D				D.2120
2	30 B	URIAL, CREMATION,	REMOVAL	/1	/1982 Dt		EMETERY OR CREA		23d LOCATION CITYOR TOWN COCKEVS	ille "l	Balto.	M'd <sup>t</sup>

10 W. Padonia Rd

Lowell Lemmon

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital ar attending physician

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		porat scholeny	
	1	2 1 1 1	
		4 J. LEWI , no.	
		The second secon	ALL TO A PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COL

injury, or other troumotic event, the medical

MPORTANT: If Irem 21 is marked or Irem 18 shows any

FOR - STATE

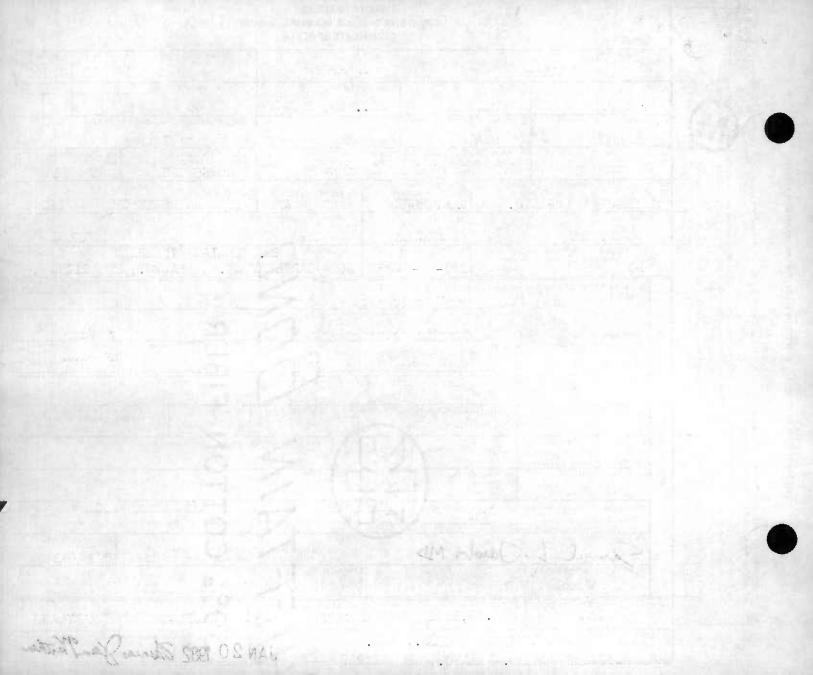
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

		REGISTRAK			CERTIFICATE OF DEATH				REG, NO.					
		. DECEASED NAME FIRST MIDDLE {TYPE OR PRINT}				LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
		Tillie				Hirshfeld				1	14	82	8:00A M	
	3. SE	SEX 4 RACE				5. DATE O	DAY YEA	A.R	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS	R I YEAR	IF UNDER 24 HRS	
		FEMALE		WHITE		DEC	. 25, 1893	3	88	YRS.		200		
7		RTHPLACE   STATE OR FOI	REIGN 76	. CITIZEN OF	WHAT COUNTRY	(? 8. MARRIED	NEVER MARRIE	0 🗆	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
1		RUSSIA		USA		WIDOWE			Baltimore (				MD	
6	T	ITY OR TOWN OF DEATH		G.B.M.	C. 6701	N. Cha	arles St.	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEW IF	F WORKING L	IFE) IN	KIND O DUSTRY AT H	F BUSINESS OR		
4	13a S		BALT	<u> </u>		ALTIMORE 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3604 BARBERR						CT. #21208		
		THER'S NAME	DALI	0.	DALITIO	KL	15. MOTHER'S MAID			LIKKI	C1.		π21200	
C		SAMUEL	MIC	DDLE	SCHECT	ER	REBA		MIDDLE			UN KN		
		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	MR.	WILLIAMPRE	RSHF	ELD			
		NO		213-34-	7400D	3604 BARE	BERR'	Y CT. BA	LTO.					
		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b), c	and (CIE)		1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest												
		DUE TO, OR AS A CONSEQUENCE OF												
1		Conditions, if ony, which gove rise to immediate (b) Chronic Renal Failure								71	Yea	ır		
		couse (o), stoting	the	DUE TO, OR	AS A CONSEQ	UENCE OF						17.		
		underlying couse	lost				<u>rt Failure</u>					Yea		
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI								ITION G	VEN IN	PART 116	31	
$\dashv$	CERTIFICATION	19a DATE OF OPERATION 19b CO			TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES,			FINDIN	IGS LISED		
7	FIC	770 2711 01 01 21111		178 CONOT	TON TON WHICH OF ENAMED					IN CERTI	FYING (	CAUSES	OF DEATH?	
	ERT	21g. ACCIDENT WAS UNDER	LYING	21b. TIME OI	FINJURY		21c HOW INJURY O	CCURRI	YES NOX		ES D	PART 21	NO 🗌	
1		OR CONTRIBUTING CAL	HOUR A.A	M. MONTH	MONTH DAY YEAR									
	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED		P.A 21e. PLACE C		19 INJURY 211 LOCATION								
	ME	WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)						co	YTAU	STATE				
		22a   certify that (I) (1)	his hospital	ottended the	deceased from	12	/31 19		to 1/14	100	10 8	32	that (I) (we) lost	
		sow the deceased	olive on_	$-\frac{1}{1}$	4 19	0.0		pinion d	eath accurred on the do	te and ho		,		
		obove, (I) (we) (did 22h. SIGNATURE	(did not) v	view the body	offer death	C	DEGREE				22	c. DATE	SIGNED	
		Samuel		( ) levo	MM MD		ATTEND PHYSIC	ING I	MEDICAL STAF	F   A N   1527	1	/14/	182	
		22d PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS	IAI4 L	OIRECTOR TITSIC	All Val	1	./ 14/	02	
		S. Jaco	bs, M	1.D.			6701 N.	Cha	rles St. 2	21204		Y.B		
	23a B	BURIAL, CREMATION, RE	MOVAL	JAN. 15		CHIZUK	AMUNO	TORY	23d LOCATION CIBALTIM	ORE	COUN	"MAR	YLAND	
	24. FL	JNERAL DIRECTOR S	OL LE	VINSON	& BROS.	, INC.	25	So. DATE	REC'D. BY REGISTRAR	Sb. REGIS	TRA	SIGNAT	W.t.	
	60	10 REISTERS					215	JA	N 2 U 1982	Course	40>	de	Wather	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



- STATE

TYPE OR PRINT

3. SEX

REGISTRAR

To. BIRTHPLACE I STATE OR FOREIGN

OF CITY OR TOWN OF DEATH

Fred

FIRST

Clarence

H COUNTY

MIDDLE

4 RACE

DECEASED NAME

Wisconsin

Baltimore

Maryland

(late)

CERTIFICATION

MEDICAL

shows

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or Hem

morked

\*

MPORTANT

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

no

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 2b HOUR · A. -Hoke 7-00 A 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) October 13 1905 Caucasian 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUŞTRY Baltimore County General Hospital Engineer automotive USUAL RESIDENCE (IF NURSING HE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Columbia 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 6717 Pine Drive LAST Witizel Hoke late) Frances 17 INFORMANT Marcheta Lawrence Columbia, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ascho Mulmmar Sehrdruhm and (12)

18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF PREUMOWIC underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

ADDRESS

IN CERTIFYING CAUSES OF DEATH? NO YES [

71n. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

I IF EITHER NOTIFY MEDICAL EXAMINER

21d. INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

NO [

STATE

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Westview Crematory

cremation 1/21/82 Baltimore 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

1 22 m - 1 3 m		hio	
	October 13 1905	Chanalan	
a rental fel	×	.A.g.J	
Inclaser   Subsmitted	Jedgani Imenet	Bellinge County	oronio da
o'Al Blue Delve	×	deserving Columnia	5.5 - 39.
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	no property	6 10 6 5	
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH		YEAR 26 HOUR			
6.3	(TYPE	E OR PRINT)	F. F.	F. HOOPER			January 7, 1982				
	3 SE		4 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE				
1		Female	White	Aug	31, 1890	91	YRS	DAYS HOURS MIN.			
10			76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH			
101		New York	USA	WIDOWE		Baltimore	County	MD.			
3/4	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS OR			
0/	Section 1	Rossville	Franklin Squa	are H	ospital	Homemak		Own Home			
30	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS					
22			imore Essex		YES NO 🔀	One East	ern Ave	nue			
100	14 FA		MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST			
400		Robert	Frost		Sarah			assat			
dico		WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)		17 INFORMANT	ADDRE	Owir	ngs Mills,			
11		No	218 22	6611	William U.	Hooper,	Jr. A	Ad. 21117			
t, th		eeding	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
eve	ħ.	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) MMEDIAT	eeuriig								
notic		11/4									
rout											
or other troums	gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.										
ō			(c)								
njury,	z		CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONL	THON GIVEN IN I	PARI 110			
ony in	ATIC	19s DATE OF OPERATION	ficiency with A		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED			
200	FIC					YES NO YES YES		CAUSES OF DEATH?			
S sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21¢ HOW INJURY OCCUR						
E		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
morked or Item 18 sh	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	C. C		UNIY STATE			
ked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	STREET	CITY OR TO	~~	ONIT STATE			
E O		270.1 certify that (this hospital) attended the deceased from January 7 1982 to January 7 1982, that (we) lost									
21 is		sow the deceased alive an abave, ( ) (we) (did) (di no	January / 19		nd that in (i) (our) apinion	death occurred on the do	te and hour and f	rom the causes stoted			
Hem		22b. SIGNATURE	22	c. DATE SIGNED							
÷	1	Mhue	DM-		ATTENDING PHYSICIAN	MEDICAL STAF		1-7-82			
AA	1	226. PHYSICIAN'S NAME (TYPE O	RPRINTI Shwe 7in Tu	n	22e ADDRESS						
IMPORTANT: If Hem 21	22d. PHYSICIAN'S NAME (TYPE OR PRINT) Shwe Zin Tun  22c ADDRESS 9000 Franklin Square Drive							1237			
3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUN	TY STATE			
		Burial	1/9/82		Ridge	Pikesy	ille.	Md.			
/81	24 F	UNERAL DIRECTOR Henry	W. Jenkins &	Sons	CO. 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRALS	IGNATO THE			
	49	905 York Road	Balto., Md.	212		N 8 1982	Tours >	*			

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbot paper... Fager with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

retained by the haspital or attending physician

Fossyills Franklin Source Hospital Homap week Utt Countries Variation Editions Energy un / miller en The Milliam W. Hooser, Jr. 111 Every Service on Co.

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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X	FOR 1 - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No.	0 3 9 9
m 5	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be of the	Anna	Marie	Horn	1	14 82 9:05 am
E S	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Poge (M)	Female	White	7 5 1896	85 YRS	
de d	Is BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary land	76. CITIZEN OF WHAT COUNTR USA	Y? 8.  MARRIED NEVER MARRIED   WIDOWED DIVORCED	Baltimore Cou	
201 irs offer d by the fur filed with	10. CITY OR TOWN OF DEATH  Catonsville	Little Sister	SING HOME OR OTHER INSTITUTION SET ADDRESS) S of the Poor	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Sewing	126 KIND OF BUSINESS OR
LAND 21:	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 130 COU Mary land	ROTHER INSTITUTION, GIVE RESIDENCE BER NTY 13c. CITY OR TO Balti	nore   13d Inside City Limits?	13e STREET ADDRESS 2020 E. Lomba	ard St.
MARY makete	14 FATHER'S NAME FIRST William	MIDDLE LAST Horn	15. MOTHER'S MAIDEN N  Barbara	WIDDLE	Mistel
TIMORE,	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIN	E WAR OR DATES)	6-7422 Sr. Martha	ADDRESS 601 Maiden Choi	ice Lane, Balto.
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physici Then please remove carban paper to burial, cremation, or removal. injury, or other traumotic event, th	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	WENCE OF variet oln.	to top Undetermine	/
AL RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN: The low requires the other ding physician.  Ifter this certificate has been signed be as the burial-transit permit. Then pleas the and Memtal Hygtene prior to burial, arked or them 18 shows ony injury, or a	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING AUSE OF DE CONTRIBUTING AUSE OF DE CONTRIBUTION OF THE CONTRI	ATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
DIVISION C NG PHYSIC of the burions of the office of the contract	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC.) STREET	CITY OR FOWN	COUNTY STATE
OR ATTENDING he hospital ar or he hospital ar or DIRECTOR: Aft ached for use as Dept. of Health If them 21 is mark	sow the deceased plive or	ital) attended the deceased from 19 ot) view the body after death.	ond that in (my) (our) apinio	n death occurred on the date and h	, 19 2, that (1) (we) lost nour and from the couses stated 22c. DATE SIGNED
HOSPITAL ined by t FUNERAL wifd be det h the States	22d PHYSICIAN'S NAME (TYPE O	PRINTI PRINTI	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Booth Manag
0 g	23a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	·	7 00 10 00 11
20/ BP	(SPECIFY) Buria1	01-16-82	New Cathedral	Baltimore Ci	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc. 4107	21229 25a. DA	TE REC'D. BY REGISTRAR 256 REG	The second secon

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204JAN

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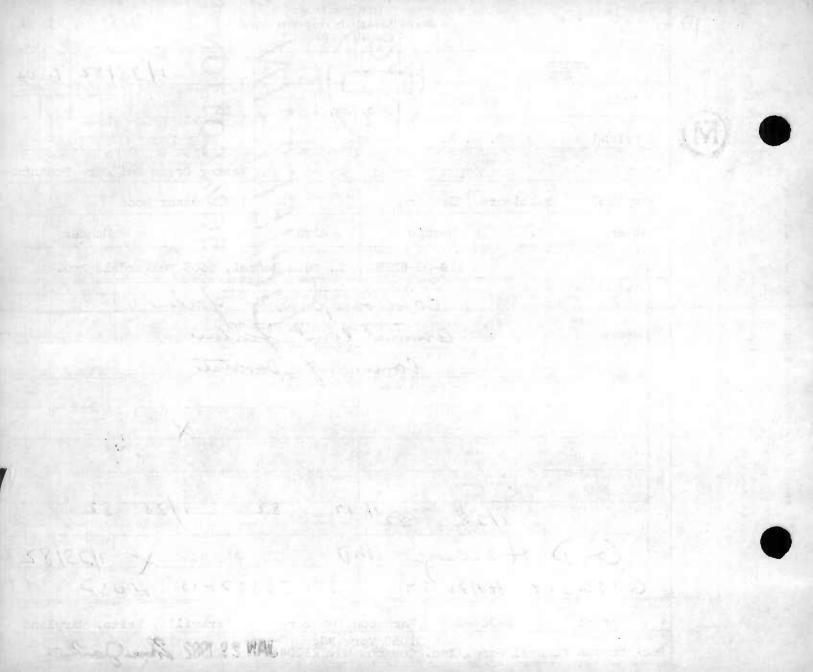
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STATE OF MARYLAND

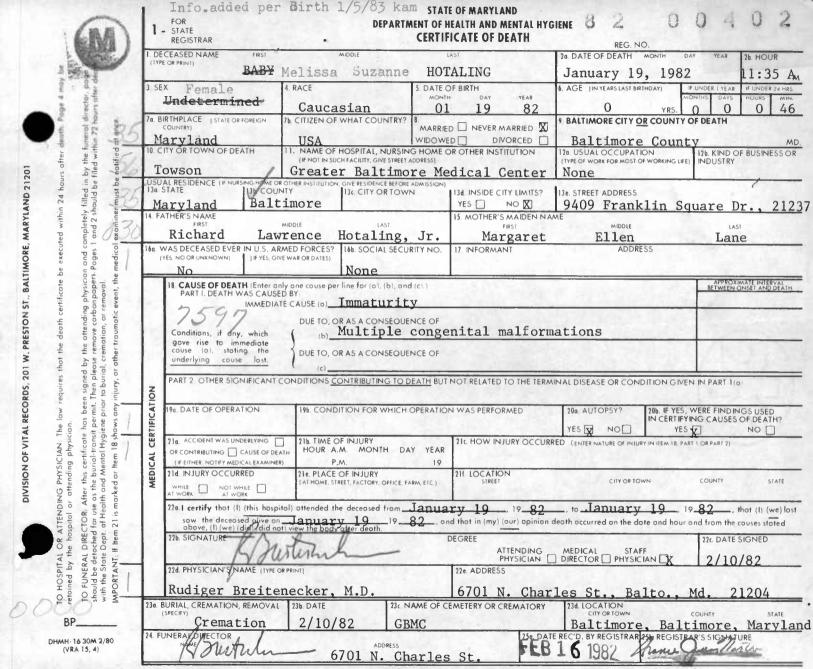
CERTIFICATE OF DEATH

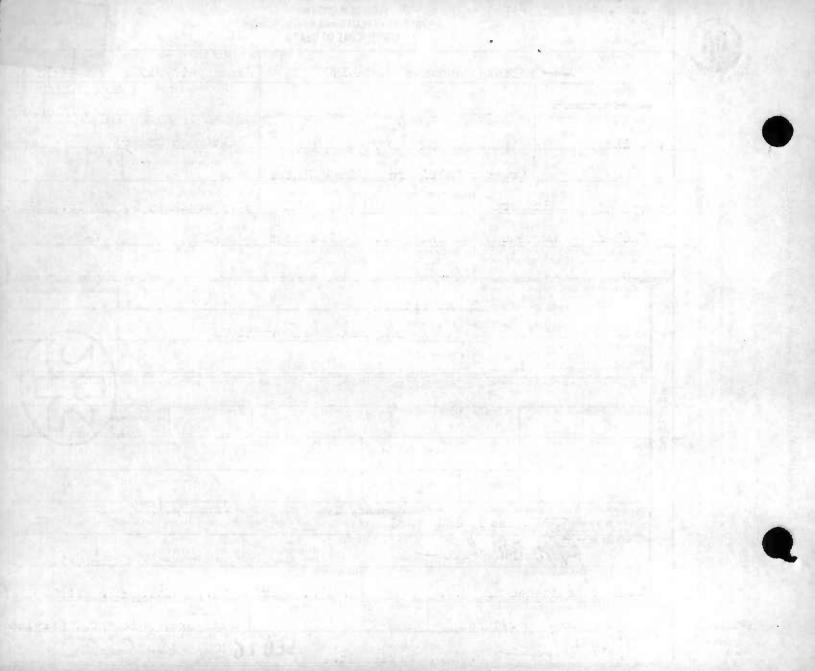
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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ф. ф.		CEASED NAME E OR PRINT)	EL121		MIDDLE		ORWI	1714	20. DATE C		MONTH [	3 82	26. HOUR 6:30 F
ge 4 ma	3. SE	× Fema		Cui		5. DATE (		YEAR G		YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
deoth. Po	1	IRTHPLACE (STATE ORI COUNTRY) Hungary	I	U.S.A.		WIDOW		IVORCED [	9. BALTIM	It i'm		OF DEATH	nty N
by the filled with	Rai	ity or town of dear	Ba	(IFNOT IN SUC	CHEACILITY, GIVE	nty Ge		Hosp.	12a USUAL (TYPE OF WO	OCCUPATION OF THE PORT OF THE	ON WORKING LIFE 127	12b. KIND O INDUSTRY	F BUSINESS O
in 24 hour y filled in shauld be	Per	AL RESIDENCE (IF NURS STATE nnsylvania	130°. COUNTY		13c. CITY OR Browns	TOWN	13d. INSIDE (	NO 🗆		ADDRESS Angle	e Str	reet	
completely I and 2 sh		ATHER'S NAME FIRST Albert	WIDDL	Kerte			1	s maiden naa Amelia		Unknor		LAST	
be execu		was deceased ever yes, no or unknown) <i>No</i>	IN U.S. ARMED (IF YES, GIVE WAR		166. SOCIAL	SECURITY NO. 3-5088		Hilmar i				21207	100
equires that the death cert is signed by the attending Then please remove carbon to burial, cremation, or re- njury, or other traumatic er	NO	Conditions, if any, gove rise to imm cause (a), statin underlying cause	which hediote g the lost.	DUE TO, OI  (b)  DUE TO, OI	R AS A CONS	OCALLEOUENCE OF TERMOS EQUENCE OF	CLEX	w7cc	CAR	DIOV	ASCU HSE	LAR	/W7@8
The low recion.  e hos beer sit permit. giene prior hows any	CERTIFICATION	19a DATE OF OPERAT		196 CONDI	ITION FOR WI	HICH OPERATIO	N WAS PERFC	PRMED	200 AUT	OPSY?	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
PHYSICIAN: TI ending physicic this certificate the burial-transit and Mental Hygin do not lean 18 should be should b	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	P./	M. MONTH M.	DAY YEAR		JURY OCCURR	ED (ENTERN	ature of Injury	'IN ITEM 18 PA	RT (DR PART 2)	
ING PHY of this os the bu lth and M orked or	MEC	21d INJURY OCCURE WHILE NOT WH AT WORK NOT WH	ne 🗌		PEET, FACTORY, OF		21f LOCATION STREET			CITY OR TOW		COUNTY	STATE
OR ATTEND he hospital of DiRECTOR: ached for use Dept. af Hec If Item 21 is n		22a. I certify that its saw the decease above its (we) (a 22b. SIGNATURE	d alive anid) (did.pot) view	w the body	ofter death.	19 <u>\$ 2</u> , or	DEGREE	(our) opinion o	- 1	ed on the dot	e and hour	ond from the c	ouses stoted
ro Hospital retained by the TO FUNERAL should be det with the State IMPORTANT:		224 PHYSICIAN'S NA	L KUN ME (TYPE OR PRIN' CHOPE	IT)	cecogn	a of	22e ADDRES	S BAC T	TIMO	PHYSICI	WN79	MORE MARE	1405F MO 21
BP	(	urial, cremation, specify Burial	1	ь. DATE -6-81	-02		emetery or of of Fa	ith Cem	·Balt	ation imore		comary l	and STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU 872	NERAL DIRECTOR LO	oring Bu	yers I	Tuneral	MD. 21	ors, Ind	250 DATE	REC'D. BY	registrar 2	Sh. REGISTR	SIGNA	Verthan

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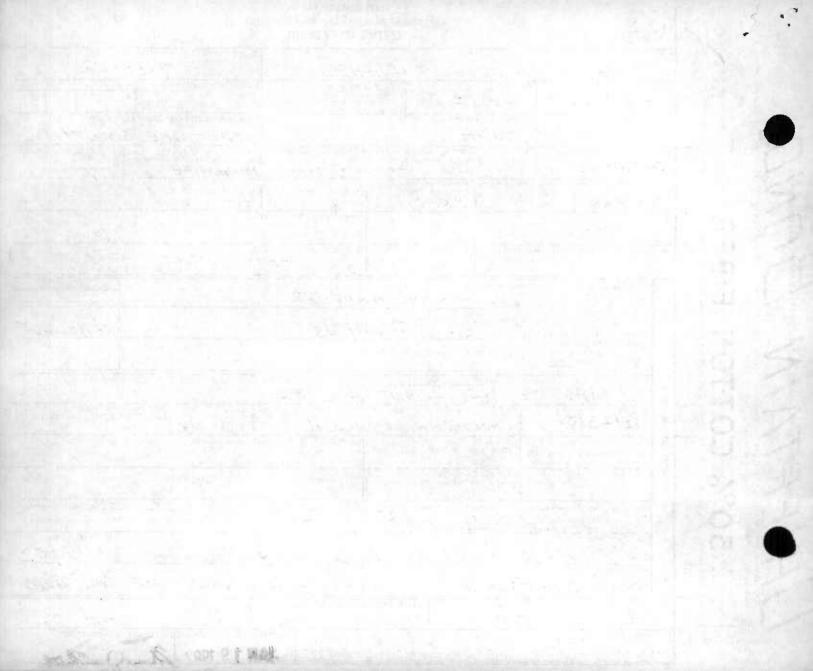




STATE OF MARYLAND

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. 6	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	00404
0 2		CEASED NAME FIRST	MIDDLE		AST HES	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
to page	3. SE	X EEMALE	MARIE WHITE	5. DATE C	OF BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY	N
direct hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIE	27 07  D NEVER MARRIED	9 BALTIMORE CITY OR CO	,
by the funerol filed within 72 andified of one		Ireland ITY OR TOWN OF DEATH ALTIMORE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G 3536 Carria	SIVE STREET ADDRESS)	DR OTHER INSTITUTION	BALTIMOR 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HUUSEWFE	12b. KIND OF BUSINESS OR
filled in rould be	130		ROTHER INSTITUTION GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NA	130. STREET ADDRESS 2881 Harding	Ave.
ompletely ond 2 sh	14. F	ATHER'S NAME Patrick	TOTAL DELL	lynn	Mary	WIDDE	Lyons
on ond co	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		1AL SECURITY NO20-1319	Mr. 3536 Carria	James Hughes ge Hill Circle	
attending physicio ove corbonpopers stian, ar removal. raumatic event, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which	TE CAUSE (o) CAK	2DIAC A	RREST HDSIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  G MONTHS +
gned by the attendin n please temove corb burial, cremotian, ar i ry, ar ather traumatic		gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CO	INSEQUENCE OF		NINAL DISEASE OR CONDITIO	
te has been single has been single has been single bernit. The giene prior to shows ony injury	CERTIFICATION	190. DATE OF OPERATION	CARCINO		COLON	YES NO DK	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)
certifica riol-trar tental Hy Item 18	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	19		RED (ENTER NATURE OF INJURY IN 17	EM 18. PART 1 OR PART 2)
the and ked	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ole A		22a. I certify that (1) (this hesp sow the deceased olive ar abave, (1) (we) (did) (did)ac	JANI 16	19.82, a		deoth occurred an the date a	19
TO FUNERAL DIRECTOR: should be detached for us should be detached for us with the State Dept. of He MADRIANT: If them 21 is		226. SIGNAFORE  World	4 Jun	ben h	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
TO FUNERAL shauld be de with the Stat		RONALD H	FISHBEIN	,	27e. ADDRESS 220 W. Co.		THE BALT 21210
)	R	BURIAL, CREMATION, REMOVAL (SPECIFY) 'EMOVA'	1/18/82	St. Ray	emetery or crematory amond's Cem.	23d. LOCATION CITY OR TOWN Bronx	COUNTY STATE Bronx NY
-16 30M 2/80 RA 15, 4)		uneral directororing 28 Liberty Road			rs, Inc.	TE REC'D. BY REGISTRAR 256, F	REGISTRAR'S SIGNATURE



15M 2/80

STATE OF MARYLAND

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DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Iaconi Sr. January 16, 1982 Frank 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Male White TONTH 27 94 87 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Italy MARRIED NEVER MARRIED U.S.A. WIDOWED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE
TAILOR 126 KIND OF BUSINESS OR INDUSTRY Clothing Joseph Hospital Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

1		Maryland	Baltimore	Baltimore	YES NO M	8636 Willo	w Oak Ro	oad				
	14 FA	THER'S NAME Antonio	WIDDLE	Iaconi	Is mother's maiden name Sandra	WIDDLE	Tet	trazâni				
		VAS DECEASED EVER	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	212-09-5603	Joseph Iaconi, 8636 Willow Oak Road Baltimore, Md.							
		PART I. DEATH WAS CAUSED BY.  Cardiopulmonary Arrest  MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  DOWN TO MAKE THE CAUSE (a)  Prownonia										
	NOI	couse (o), stating underlying couse	g the DUE TO, O	R AS A CONSEQUENCE OF Cerebrovascul	ar Accident NOT RELATED TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN	PART 1(o				
	CERTIFICATION	19a DATE OF OPERAT	ION 19b. COND	ITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	WERE FINDINGS USED NG CAUSES OF DEATH?				
	EDICAL CEI	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 C	OR PART 2)				
	MEDI	21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	LE TI LAT HOME, STE	OF INJURY REET, FACTORY, OFFICE FARM, ETC.}	211 LOCATION STREET	CITY OR TOW	N CI	OUNTY STATE				
270.1 certify that % (this hospital) attended the deceased from January 12, 19, 82, to January 16, 19, 82, that sow the deceased alive an January 16, 19, 82, and that in (car) (our) opinion death occurred on the date and hour and from the cause above, (we) (did) (did-set) view the body after death.  DEGREE  270.1 ATURE  270.1 DATE SIGN												
$\frac{1}{2}$		22d. PHYSICIAN'S NA	Heron,	A.D.	ATTENDING PHYSICIAN   22e. ADDRESS	MEDICAL STAF	AN	1/16/82				
		Arnola	1 Henson		7620 York Rd	. Towson,	Md. 212	204				
1	23o. B	URIAL, CREMATION.	REMOVAL 236. DATE	23c NAME OF C	EMETERY OR CREMATORY	123d. LOCATION						

Burial

1-19-82

Gardens of Faith Cem.

Baltimore

Md ATE Baltimore

24 FUNERAL DIRECTOR

Nicholas T. Matthews, 3021 Eastern Ave., Baltd. JAN

STATE OF MARYLAND

January, 1502 Views -:ir COST - TOTAL office somith Levison TEES May 901 Weauth Executive In porty Expent THE CALL BOTTON DON'T A release in the construction of Frederick NaviW Jackson Emily TER 10 2025 I Whs. Eranges Justson e. E. Him Benedis, N.B. E.M. Univer is Plant, Mb. Carmetion 17736 Proch Mount C 150. Hanes W. Jankis & Sona Co. ASSET YORK PORD PERPO., IVE. 21218 ... THE BENEFIT OF THE STATE OF THE

1101 E. North Ave.

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FOR

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DHMH - 16 50M 1/81

(VRA 15, 4)

Wm. C. March F/H

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STATE OF MARYLAND

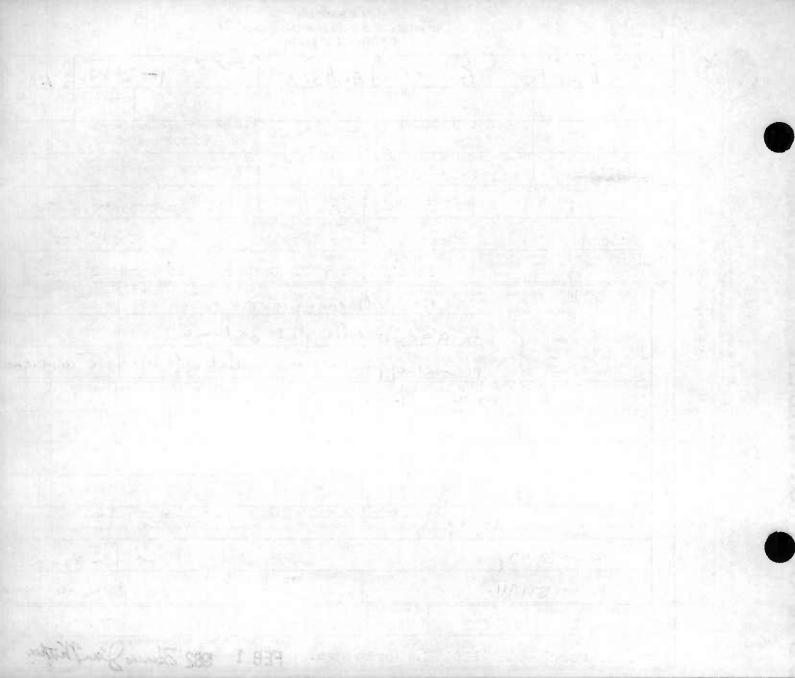
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

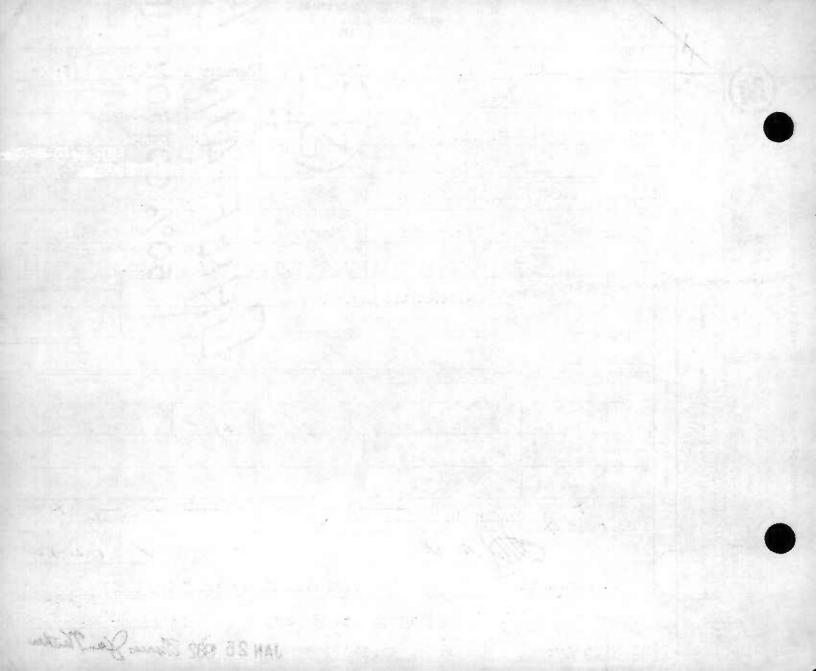
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A DELEGATE 19. 1982 STRAFFILL . . . . . . . . . . . . lest . Mail os oy sate THE REPORT OF THE PROPERTY OF TAMBLET YUTBELVERILL W. Ott. TORRUS 2:5 09 3977 CLER. PECONO. TA LEBECK, DERFOR, FG. . HOWARD, HD Green Milon 1 'Colde at Crean, workers | Balton, Heart V. Jandine & Sons Co.

In the second of the second of



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours all with the state Orest, of Health and Mental Hygiene prior to buriol, cremation, or removal.

ofter death. Page 4 may be

executed within 24 hours

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			LAST		REG. N			
1. DE	ECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
L	Doroth	y R.	Jenkins		January	24,	1982	
3 SE	EX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE	
	Female	White	May 14,	AY 1905 EAR	76	YRS.	MONTHS DA	YS HOURS
7a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED ST NE	VER AA A BRIED	9 BALTIMORE CITY C		Y OF DEATH	
	New York	U.S.A.	WIDOWED [	DIVORCED [	Baltimore County			
L	CITY OR TOWN OF DEATH  Lutherville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE  1205 Dorag	gen Court	INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker			OF BUSINESS RY
13a. 3	STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TO Luthery	WN 13d INST	DE CITY LIMITS?	13e. STREET ADDRESS 1205 DOI	ragen	Court	
14. F/	ATHER'S NAME FIRST Huebert	Reynold		HER'S MAIDEN NAM	WE		Lynn	LAST
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC	CURITY NO. 17. INFO	RMANT	ADDRE	SS		- 11 - 11 - 1
	No	212-50-	-4654 Mr.	Robert I	. Jenkins 1	L205 1	Dorage	n Court
	9380 Conditions, if any, which	DUE TO, OR AS A	WINCE OF	leros.			30	140
TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFIC OF THE DATE OF COLUMN 1997.	DUE TO, OR AS A CONSEQU	What will have	YEAR I	1/1	DITION GI	VEN IN PART VEN IN PART S. WERE FIN FYING CAUS	DINGS USED ES OF DEATH?
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ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF EST-EUGENE MORRIS SR. JESSOP , DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONODING MALE WHITE 12 12 0 5 76 YRS 7000 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEN NEVER MARRIED U.S.A. Maryland BALTO. COUNTY WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY For most of working LIFE)
Foreman BALTO. ST. JOSEPH HOSPITAL Steel 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Chestnut Oak Road 30 STATE 13c CITY OR TOWN 21234 Maryland Baltimore T. PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Mary <sup>M+DDLE</sup> Olivia Jessop Stansbury 60. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) 212-07-5556 Ida L. Jessop Baltimore. USED AS A BURIAL-TRANSIT PERMIT.
OF HEALTH AND MENIAL HYGIENE, D
HEALTH AND MENIAL HYGIENE, D
MENIC, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 CERTIFICATION E 3 SHOULE E DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. 211. LOCATION TO MEDICAL EXAMINER: THIS GE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, FTC 1 STREET WHILE AT WORK AT WORK CITY OR TOWN 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Undetermined monner Charles F. O'Donnell, M. EXAMINER'S NAME 7501 York Road 21204 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Feb. Chestnut Grove Cemetery Baltimore Co. BP 24 FUNERAL DIRECTOR **DHMH-17** Johnson 8521 Loch Raven (VR A15 ME (5)

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3331 Brehms Lane - Balto., Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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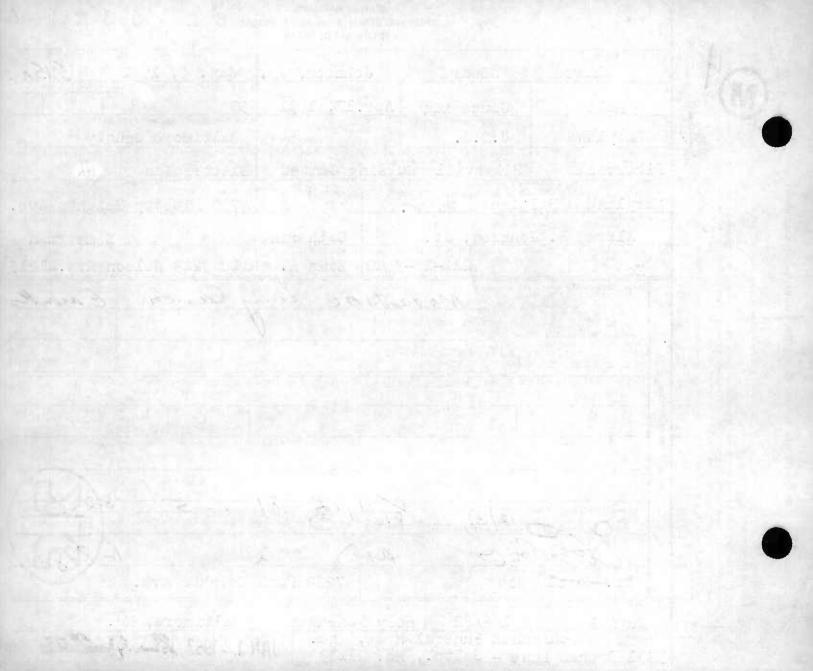
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REGISTRAR



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22		REGISTRAR	CER	TIFICATE OF DEATH	REG. NO	).
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or of		underlying cause last.	(c)			
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TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		(1, 1, 1, K	Illi AMS	1/704 Kctsle		14, 2/15G
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	ECEASED NAME PE OR PRINT)	FIRST	٨	AIDDLE		LAST		a. DATE OF DEATH		DAY YEAR	2b. HOUR
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	22a.1 certify that (4) (saw the deceased above, (b) (we) (direction)	alive on	JANUAR	Y 8 19	00	nd that in <del>(=y)</del> (our) o	81 opinion de	, to <b>JANUAR</b>			that the (we) lost couses stated
	22b. SIGNATURE	6.0	ens	tolis		DEGREE ATTENE PHYSIC		MEDICAL S DIRECTOR PHY	TAFF SICIAN X	1/8/	SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)			22e. ADDRESS					
	CAROLINA	CUST	DIO. M.	D.		V.A.M.C.	FOR	HOWARD.	MARYI	AND	
23a.	BUDIAL CREMATION D		23b. DATE		NAME OF C	EMETERY OR CREMA		23d. LOCATION		COUNTY	STATE
	Burial		1/14/	82 M	d. V	eteran C	em.	_	nsvil		MD.
24. F	UNERAL DIRECTOR	- 1		ADDRESS		12	25a. DATE R	EC'D. BY REGISTR	AR 756 REGIS	TRAR'S SIGNAL	Wather
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) **EMMA** AMELIA **JORAM** 01 31 82 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR FEMALE WHITE 0.5 24 1887 94 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. MARYLAND WIDOWED DIVORCED [ BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FOREST HAVEN NURSING HOME CATONSVILLE HOMEMAKER UNUAL RESIDENCE (IF NUR OF CITIES IN LITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND HOWARD ELLICOTT CITY 9322 JOEY DRIVE, 21043 YES T NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE CHARLES KIRNER ERNESTINE KIRSCHKE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 16h SOCIAL SECURITY NO. 17 INFORMANT APT. 1009 LYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 524 N. CHARLES ST. 21201 214-03-4328 NO KATHERINE J. LEAR APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NOF 71n. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL TIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on ... and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

BARBU CALIN, M.D.

23a BURIAL, CREMATION, REMOVAL 23b DATE

FOR

23c NAME OF CEMETERY OR CREMATORY

JOHN'S LANE: ELLICOTT CITY, MD
ORY 23d LOCATION
CITY OR TOWN COUNTY STATE

BURIAL
24 FUNERAL DIRECTOR

LOUDON PARK 21229

EGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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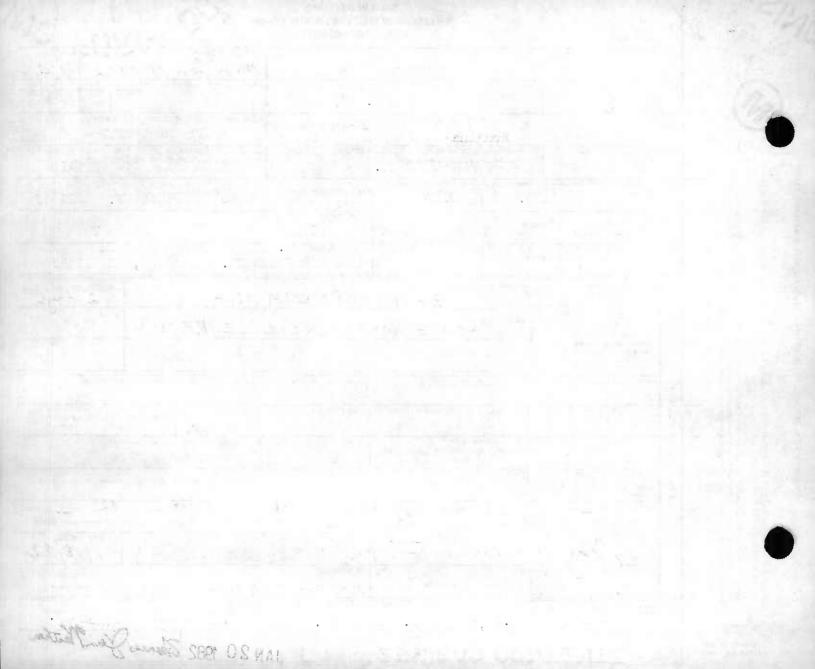
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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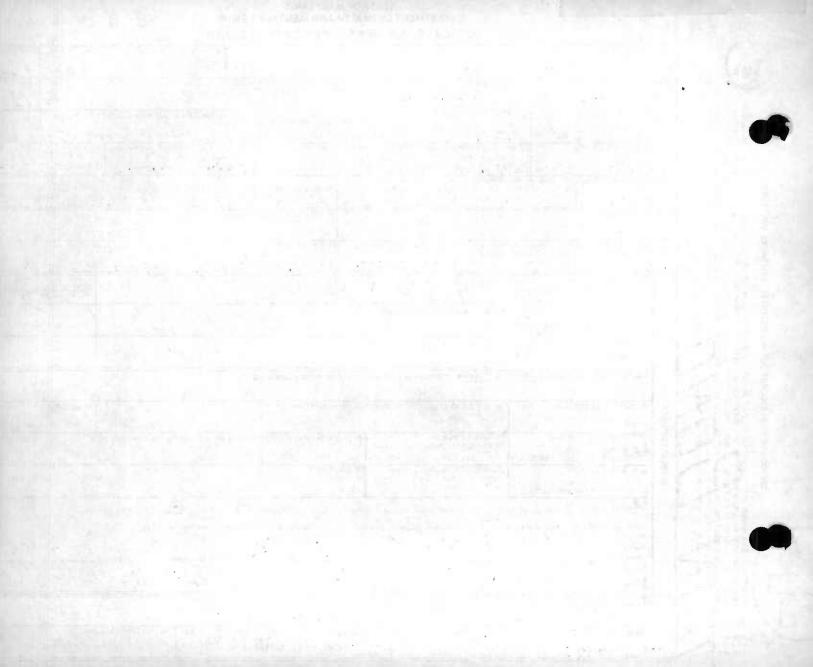
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TO 26. HOUR (TYPE OR PRINT) EST1-24. HOUR Andrew DEATH MATED Francis Karcz 19 IF UNDER 1 YR. 6. AGE (IN YEARS 4. RACE IF UNDER 24 HRS . SEX DATE PRONOUNCED Male 11-14-1901 80 Caucasian YRS b. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Poland U.S.A. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH S. RETAIN PAGE SHOULD BE FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 301 Rockdale 8406 Merryview Dr. Retired Manager Prudential RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Rockdale Mary Land 8405 Merruview Dr. 21207 WITH FORM PM 3.

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DIVISION OF WITH R 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST FIRST Stella Francis Karcz Unknown 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. Mrs. Helen Karcz (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW 215-05-4217A 8405 Merruview Dr. Baltimore 18. CAUSE OF DEATH (Enter only one cause per ling for (a) (b) and (c). APPROXIMATE INTERVAL CAL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. DIVISION OF VITAL RECORDS, 301 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SED AS A CERTIFICATION USED, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [] NO [ PAGE 3 SHOULD BE STATE DEPARTMENT ( BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from Suicide Hamicide Undetermined manner ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 23d LOCATION Sykesville 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Carroll Mary tand Burial 1-20-82 Lake View Mem. Park Loring Byers Funeral Directors Inc 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** VR A15 ME (5) 8728 Liberty Road Randallstown, Maryland 21133 30M 7/73



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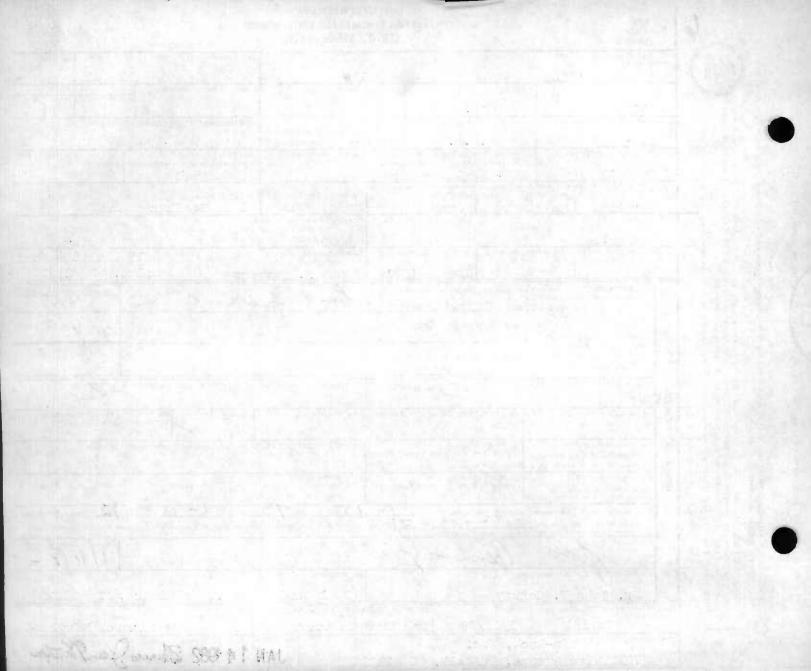
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTI 1982 William Keith Eugene January 4 RACE S DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR JE UNDER 24 HRS Caucasian June 26. 1907 Male Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland Baltimore County WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Railroad Newburg Avenue 21228 Machinist Catonsville 13e STREET ADDRESS Baltimore Catonsville 123 Newburg Avenue Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Keith Sarah E. Owens George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Mrs. Marie A. Keith 212-05-3354 Same as # No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO. NOF 7 n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the declased fram saw the deceased alive an. out that in (my) ( am apinian death occurred until date and have and from the causes stated abave, (1) (we) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL M.D. PHYSICIAN X DIRECTOR PHYSICIAN should be diwith the Stor 22d, PHISICIAN'S NAME IT A CORRECT 22e ADDRESS James J. Nolan, M.D. Mallow Hill Rd. Balt., Md. 21229 23a BURIAL CREMATION, REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Security Process BP Catonsville Baltimore. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) MacNabb Funeral Home Catonsville, Md.

application of the same of the same state, and will a 1932 Three Spent Porter.

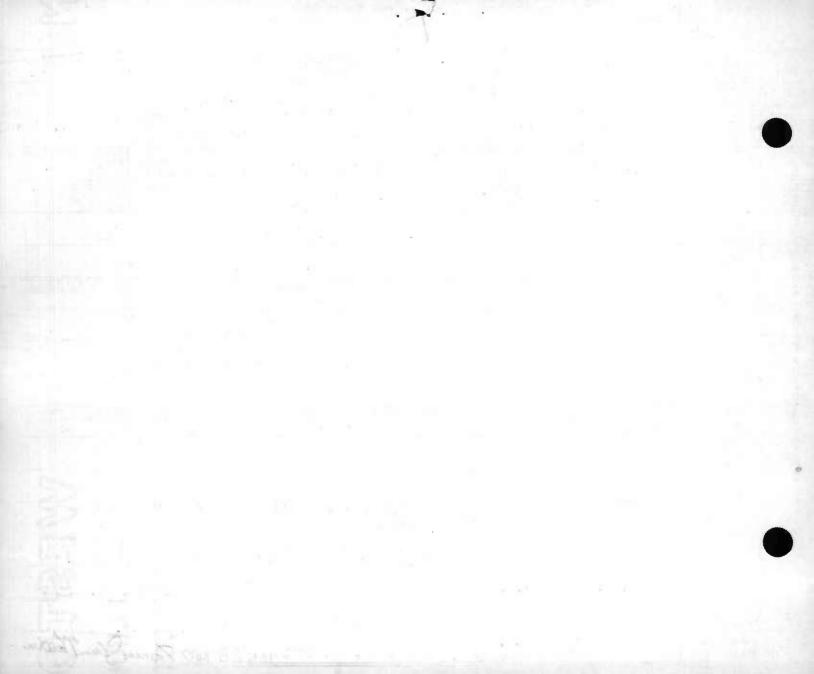
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR JOHN I. DECEASED NAME JOHN 3 SEX MONTH WHITE 1899 a BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY Pennsylvania U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 12h, KIND OF BUSINESS OR TOWSON TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver Steel 13d. INSIDE CITY LIMITS 1808 Wildwood Avenue Baltimore Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Kelbaugh FIRST MIDDLE Adams John MAS DECEASED EVER IN ILS 16h SOCIAL SECURITY NO. 17 INFORMANT ARMED FORCES? 202-07-9602 Charles W. Kelbaugh Balto., MD 18 CAUSE OF DEATH Enter only one couse per CAR CINOMA OF COLON PART I. DEATH WAS CAUSED BY DARCINOMA OF THE COLON PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IE FITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that the (this hospital) attended the deceased from and that in Thy (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (Lixwe) (did) (did Xox view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL MPORTANT. DIRECTOR PHYSICIAN should be with the DIZON, M.D 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Dulaney Valley Mem. Gar. Balto. Co. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 JAN 18 1982 (VRA 15, 4) William E. Johnson 8521 Loch Raven Blvd.

7922 Wise Avenue, Dundalk, MD

(VR A 15 (4) ) 9/74



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FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH **EDWARD** REG NO 20 DATE OF DEATH MONTH 26 HOUR IF UNDER I YEAR AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 1905 76 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a. USUAL OCCUPATION MEND SERSEYS OR TYPE OF WORK FOR MOST OF WORKING LIFE RETIRED MOTOR VEHICLE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 412 CUYLER AVENUE 15. MOTHER'S MAIDEN NAME MIDDLE ALICE CUNNINGHAM **ADDRESS** 17 INFORMANT BALTIMORE MD. ELIZABETH A. SHERIDAN 516 OLD ORCHARD RD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION CITY OR TOWN COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY CITY OF TOWN STATE St. Mary's Cemetery Trenton New

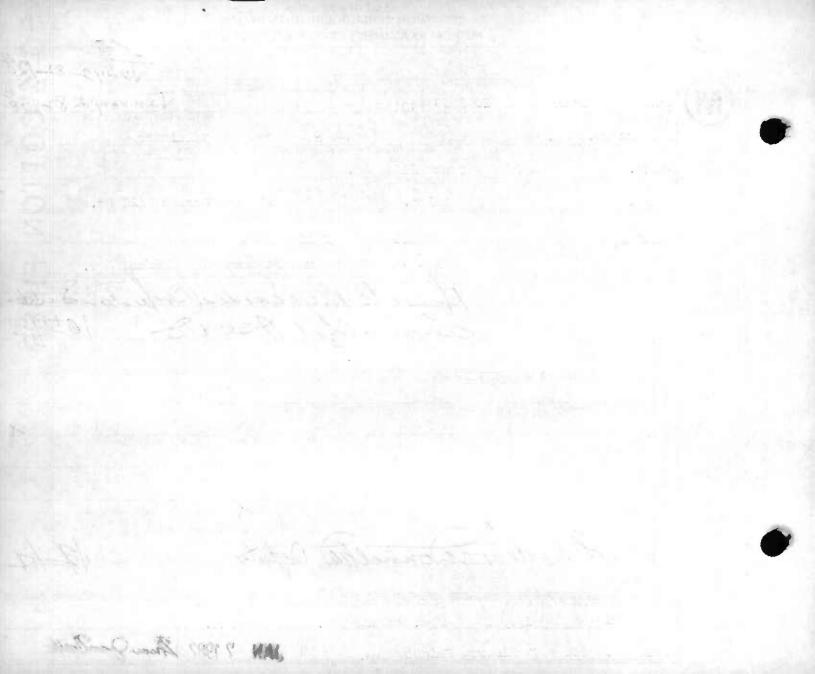
1630 Edmondson Ave. Catonsville Md. 21228

BP. BURIAL 24 FUNERAL DIRECTO M. & Russell C. Witzke Funeral Home

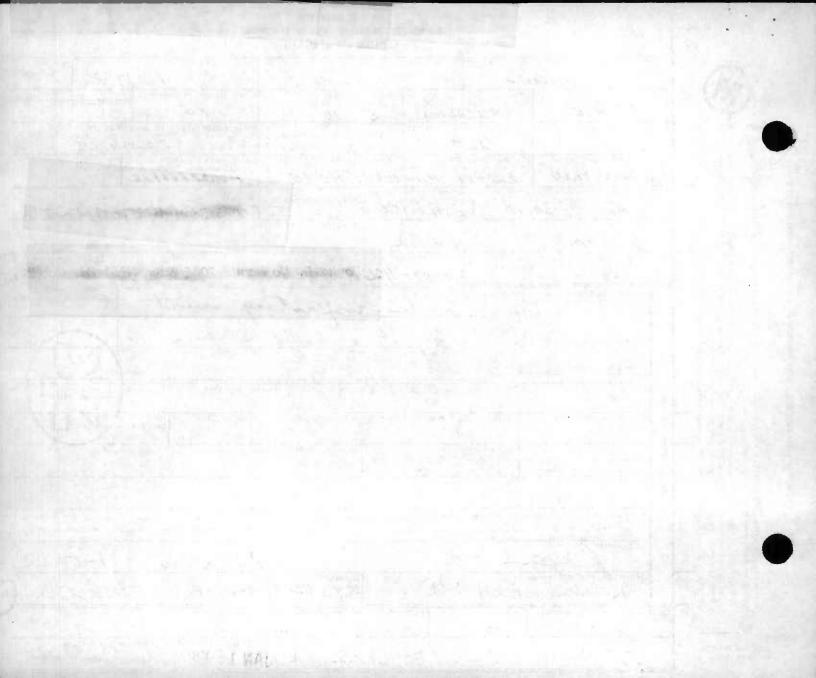
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ĺ	24. FU	INERAL DIRECT		ADDRES:			1		Sa. DATE R		REGISTRAR	25h BEGIST	TRAR'S SI	GNATUS	E	
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8	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 0 0 4 .	3 2
2		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26	HOUR
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The state of the s	3. SE	FEMALE	1. RACE UAUCASION	5. DATE OF BIRTH  MONTH  DAY  YEAR  10	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER LYEAR HOLE MONTHS DATS HOLE	NDER 24 HRS
erol dimerol dimerol dimerol dimerol		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT		BALTIMORE CITY OF COLINTY OF DEATH	7
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within 24 hours letely filled in the d 2 should be filled in the d 2 should be filled in the filled	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BY TY 13c CITY OR T  RAVIDA	OWN  13d. INSIDE CITY LIMITS?  YES NO XX  15. MOTHER'S MAIDEN N	MIDDLE	dbine
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n ond on Pages			MED FORCES? 166. SOCIAL S E WAR OR DATES) 208-0		Manus. 7035 Eden Mill Rd. 21	1797 Joodbin
equires that the death in signed by the attendi Then please remove cos Then buriol, cremotian, oi injury, ar other froumot	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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ter this os the burnend Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
TOR: Af for use of of Healtl		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not			, to, that n death accurred on the date and hour and from the cause	
y the hos RAL DIREC detached ate Dept. NT: If Hem		THE SIGNATURE RE	- My	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  MEDICAL STAFF  MEDICAL STAFF  MEDICAL STAFF	- 0
should be de with the State		RENZO K	RICCI MA	22e ADDRESS	IMORE BLUD, FINKSB	URG, M
5 € F # 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CEMETERY OR CREMATORY		STATE
BP		Burial	1/20/82	Loudon Park Mausole	um Baltimore. Maruland	J. K. C
AH-16 30M 2/80 (VRA 15, 4)	24. FL	INERAL DIRECTOR  NAME Lorina Bue 8728 Liberty Ro	ers Funeral Dia	ectors Inc.	IAN 19 1982	The .



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BALTO, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

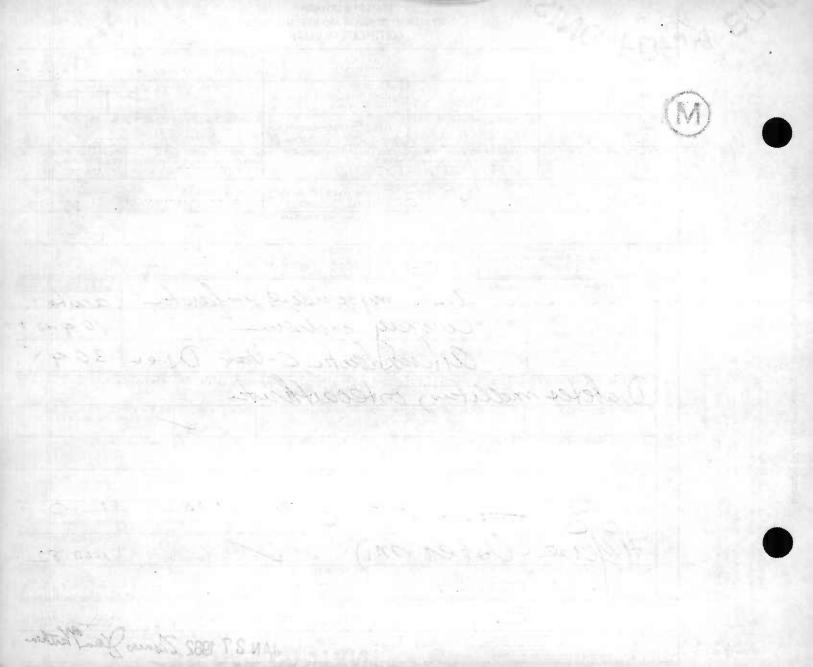
FOR

REGISTRAR

- STATE

(VRA 15, 4) 1/79

6010 REISTERSTOWN RD



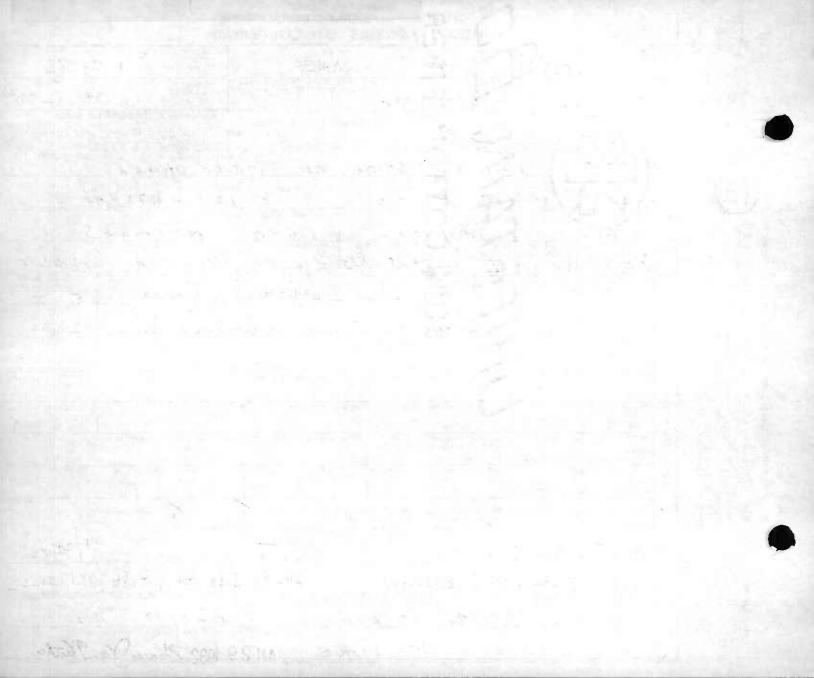
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME MIDDLE (TYPE OR PRINT) OF ESTI-KOTARIDES ARTHUR Jr. . SEX 4. RACE DATE OF BIRTH A AGE (IN YEARS IF LINDER 24 HRS DATE 2d HOUR 12:47 LAST BIRTHDAY PRONOUNCED 1-8-82 4- 15 - 46 35 DEAD white male 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 13. RETAIN PAGE 5 R 2 SHOULD BE FILED, WI AL RECORDS, 201 W U.S.A. DIVORCED 52 Baltimore County Virginia WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS C.P.A. American Trading Co. loseph's Hospital TOWSON ST. JOSEPH 5 TUSP! 13m STATE 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 13h COUNTY 1506 Pickett Road Maryland Baltimore Timonium NO X 21093 AND 2 SHOE VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE MIDDLE Arthur Kotarides Lucv Crescenzo 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION 218-46-5938 Mrs. Lucy Kotarides, same as #13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED 2D AUTOPSY? PRIOR TO BURIAL, YES 🕡 NO [ FORWARDED TO THE C DR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME If LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 21201 TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) 1-8-82 ACTUAL DATE ssistant SIGNATURE EXAMINER'S NAME ADDRESS\_111 Penn Street Korell (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Lakeview Mem. Gardens 1 - 12 -82 Maryland Burial Sykesville, BP 24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc., Towson, Md. 21204 **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND

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	STATE REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.	3 3 3
(TYF	CEASED NAME FIRST	MIDDLE	1 11-0	DATE KNOWN MONTH OF ESTI- DEATH MATED	24 19 8 2 M
W. PRESTON STREET,  W. PRESTON STREET,  Jan. 20  20  20  20  20  20  20  20  20  20	4. RACE 5. DA	ATE OF BIRTH NTH DAY YEAR LAST BIRTHDAY MONT	NDER 1 YR. IF UNDER 24 HRS. 20	DATE MONTH	DAY YEAR 24 HOUR
Ta. B	RTHPLACE (STATE OR 7b. C)	CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED 9.	BALTIMORE CITY OR COUNT	14 9 . W
FILE, WILL	MD.	UBA. WIDOV	WED DIVORCED D	BALTO,	COUNTY MD.
800 B	ESSEX "	NAME OF HOSPITAL, NURSING HOME, OR OTH IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		ST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER TATE 136. COUNTY BA	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  LITE SEX	13d. INSIDE CITY LIMITS? 13e. STREET	TADDRESS LIWILTS //	ME
14. F	ATHER'S NAME FIRST MIDD  MIDD	KRAMER	15. MOTHER'S MAIDEN NAME PRIST  DOBA	REDMER	2 S LAST
	VAS DECEASED EVER IN U.S. ARMED FO ES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR	ORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT  ELEEN Y	ADDRESS CUNGER	AROVE
OF REALTH AND MENTAL HYGIENE. DIS	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:  MMEDIATE CAU  Conditions, if any, which gave the to immediate cause (a) stating the under- lying cause last.	Charmer IN Come	cardiovascular	discesse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	OW INJURY OCCURRED (ENTER NAT	TURE OF INJURY IN ITEM 18 PART 1 OR PA	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OCATION STREET C	CITY OR TOWN COI	UNTY STATE
MEDICAL CERTIF	22a. I certify that I took charge of the death resulted fram: Natural cause ACTUAL T. C. AUTUAN C. SIGNATURE	he remains described above, held an Autopares Accident , Suicide    Dianaran	, Homicide Undetern	Inquiry , and in my open mined manner , , , , , , , , , , , , , , , , , , ,	1/24/00
ZIWORE	EXAMINER'S NAME T. CRUSS	MAVONED O MM	ADDRESS 2112 Sundal	L Ave., Ballo.	md . 21222
23a.B	URIAL, CREMATION, REMOVAL 23b. DAI	128/82 23c, NAME OF CEMETERY C	OR CREMATORY 23d. LOCA	ATION COUP	NTY STATE
3 24. F	INERAL DIRECTOR  NAME  CONNEL	LLADDRESS 300 MA	250. DATE REC'D. BY RE	EGISTRAR 25b. REGISTRAR'S S	GRATURE Wathen



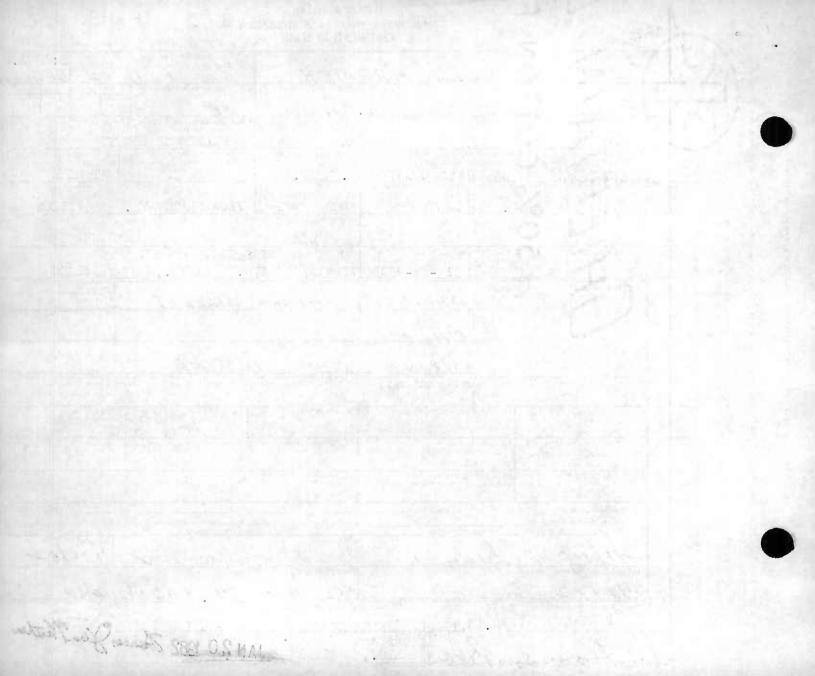
BALTO., MD21215

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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4	3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS		ER 1 YR. IF UNDER			MONTH	DAY YEAR	
		emale	Whit	MONTH DAY	YEAR 26	LAST BIRTHDAY)	MONTHS	DAYS HOURS	MIN PRONOL	UNCED	1	4 19 82	5:30F
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b	EO P	arylan	d	USA			MARRIED	NEVER MARRI		timore	- Coun	ity.	
		TY OR TOWN				URSING HOME, OF			120. USUAL OCC	UPATION (T)	YPE OF WORK	12b. KIND OF BI	USINESS
5		Randall	stown	Raltim			ner	al Hospita	FOR MOST OF W	ORKING LIFE)		OR INDUST	
1	USUA 13a. S	L RESIDENCE	(IF IN NURSING HO	OME OR OTHER INSTITUTION, GI	VE RESIDENC	CE BEFORE ADMISSION			/				
2	130. 3	Maryla	nd Ba	ltimore	Wc	oodlawn		YES NOW	13e. STREET ADD 3416 Ki	mble R	load	2120	7
2	14. FA	THER'S NAME		WIDDIE		1057	ī	5. MOTHER'S MAIDE	NNAME	MIDDLE		LAST	
		Albert		H.		Rowe	- 6	Mildre	d	K.		Murr	ay
Ī	16a. V	AS DECEASE		ARMED FORCES?	16b. SC	OCIAL SECURITY NO	5. 17	. INFORMANT		ADDRES	SS		
l		No			212	2-24-8031		Daniel J.	Krauder	Same	as #	13	
ľ		18 CAUSE O	F DEATH (Ente	r anly ane cause per line	for (a), (l	b), and (c).)						APPROXIMAT BETWEEN ONSI	TE INTERVAL ET AND DEATH
1		Calla	IMME	DIATE CAUSE (0) MU			es			V.L.C			
	7	8/0	os, if ony, w		AS A CO	INSEQUENCE OF							
		gave ri	e to immed	iate (b)									
١		lying cau	stating the un se lost.	DUE TO, OR	AS A CO	NSEQUENCE OF							
ı		BARY 2 OTHER CI	CHIEFCANY CONST	(c)	Ally Nov or								
	z	PART 2 OTHER 31	MITICANI CONUII	IONS CONTRIBUTING TO OEATH	BUI NUI KEL	LATED TO THE TERMINAL	OISEASE O	R CONDITION GIVEN IN PAI	T 1 (0%				
-	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR	R WHICH OPERATION	ON WAS	PERFORMED?				20 AUTOPSY	V2
	IFIC											YES X	4
1	ERT	210 EXTERNA			INJURY	2	21c. HOV	V INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 1	IS PART 1 OR PA	7.4	NO [
		UNDERLYING	OR OR	OF DEATH 4: 45P.M		4 1982	Dri	ver in au	to/fixed	obioc	+ imp:	no+	
-	MEDICAL	214 INTURY	CCLIPPED	21e PLACE	OF INJUR	Y (AT HOME. 2	If. LOCA	ATION					140
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		- 52		horge of the remains des				[57]					2110,
9			/			N/h	Autopsy			,	ond in my op	inion	
3 5 3		death result	1/	latural causes ( La.)	Accident	t 🔲 , Suicide	، لــا،	Hamicide	Undetermined i	nanner []	*		
		ACTUAL SIGNATURE	1/4	moch!	mo	/	M D	Deputy C	hiathicaleva	AAINIED	DATE	<sub>D</sub> 1/5/8	32
7			0	-		1			MODICAL EXA	NACHAEK.	SIGNE	0	
4	-	EXAMINER'S (TYPE OR PRI	NAME Th	omas D. Smi	th,	M.D.	AC	DDRESS	Penn St.	Ba I to	o., ME	).	
	23a.Bt	JRIAL, CREMA	ION, REMOV			NAME OF CEMETE			23d. LOCATION CITY OR TOWN		COUN	VTY 5	STATE
	Bu	rial		1/8/82		Lorraine	Park	Cemetery	Woodl			M	d.
	-	NERAL DIREC	w.L.	tzke P. A ADDRESS	, 21 T	7-14-6		2 4 4	EC'D. BY REGISTE	AR 25h REC	SISTR P'S S	IGNATURE	la.
	16	30 Edm	ondson	Avenue. Ca	tons	ville. Md	. 21	228 JAN	1 1 1902	GRAN	cas XIA	and BALL	

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1	1	FOR - STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	YGIENE 8 2 0	0 4 3 9
		CEASED NAME FIRST	WIDDLE		LAST	THE DATE OF BEATTY MONTH	YEAR 26 HOUR
age decode		Sophie			Kujawa		14 82 <sub>M</sub>
ander /	3. SE	× Female	White	5. D.	ATE OF BIRTH  **OT'O-26-1893 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS.
S Table	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY CO	76 CITIZEN OF WHAT Poland	MA	RRIED NEVER MARRIED COVER DIVORCED		
(M) 50		OWSON		ITY. GIVE STREET ADDRES	me or other institution les St. 21204	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker	176 KIND OF BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU		SIDENCE BEFORE ADMIS	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 540 Anneslie R	d 21212
and whole on dead of the second of the secon	14. F.	ATHER'S NAME FIRST Alexander	MIDDLE By C	zkowski	15. MOTHER'S MAIDEN N FIRST Mary		LAST
nn and co	160	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G	WE WAR OR DATECH	OCIAL SECURITY N		jawa 540 Anneslie	Rd 21212
es that the death certificate red by the attending physic please remove carbanpape vial, cremation, ar removal , or other troumotic event, th		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A  (b) A G  DUE TO, OR AS A  (c) CL	CONSEQUENCE PERSECUENCE OF LEFT	OF Orthusele	rater Heavy clissoper	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  8 LILLUS  13 yra  2 1/z yrs
.N. The law requires the hysicion. icate has been signed bronsit permit. Then please Hygiene prior ta burial, 18 shows any injury, or a	CERTIFICATION	PART 2. OTHER SIGNIFICANT  Gayun  19a. Date of Operation	196. CONDITION	t foot FOR WHICH OPER	probably clue ation was performed	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIA ng pl certif certif iniol-t ental	MEDICAL CE	7) 0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. A	MONTH DAY Y	EAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
NG PHY ottendi	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ET	21L LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spitol or CTOR: A I far use . af Heol		220 I certify that (1) (this hasp sow the deceased alive a above (1) (we) (did) (did no	1 1 7	(2 0		n death accurred on the date and hour	9_82, that (I) (we) lost and from the couses stated
ned by the ho ned by the ho FUNERAL DIRE Jid be detoched the State Dept ORTANT: If then		22b. SKENATURE Deliveren & 22d. PHYSICIAN'S NAME (TYPE	, July		DEGREE  ATTENDING PHYSICIAN  1728. ADDRESS	MEDICAL STAFF  DIRECTOR PHYSICIAN	27c. DATE SIGNED 1/14/82
TO HOSPITAL TO FUNERAL should be det with the State		Franklin E	. Leslie, M		3501 St. Pa	aul St. Balto., M	D. 21218
D BP	В	BURIAL, CREMATION, REMOVAL (SPECIFY) UTIAL	1-18-82		of cemetery or crematory anislaus	CITY OR TOWN	county STATE Maryland
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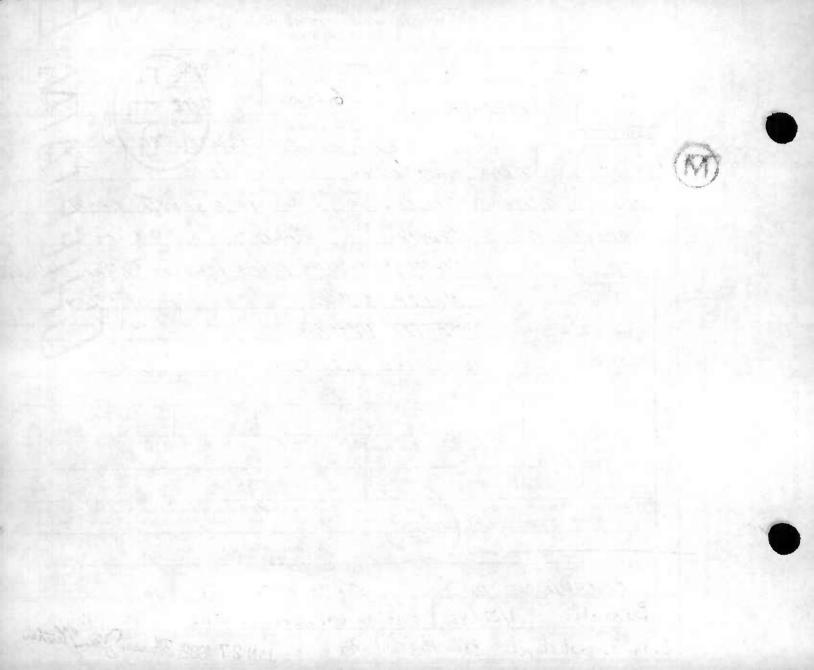
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STATE OF MARYLAND

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pe 3		E OR PRINT)					inal	20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
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E 77	3. SE	Female		4 RACE Whi	4.0	S. DATE (	DF BIRTH YEAR	6 AGE (IN YEARS LAST BE	RTHDAY) IF UN		FUNDER 24 HRS
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de 35				US	A	WIDOW		Rolt	imore Co		MD
offer of the fu	10. 0	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION 12	b. KIND OF	BUSINESS OR
S of	1	Towson	1	(IF NOT IN 50)	St. Jose		osnital	Homemake		DUSTRY	
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thin 2 sho	14_F	ATHER'S NAME					15. MOTHER'S MAIDEN NA		omerand	Jouth	way
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e executor and composes		YES, NO OR UNKNOWN)		VE WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	ADDR			
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ysici ppe val.		18 CAUSE OF DEATH PART I. DEATH WA	Enter or	nly one couse per	liptor (g) (b) one	dis		1.0 00	-	APPROXIMA BETWEEN ONS	TE INTERVAL
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signe ren p b bu	2	PART 2 OTHER SIGN	FICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN	PART Ho	
red t. Th	CERTIFICATION	117	7	1000	70376	5/0					
law son	2	190 DATE OF OPERATI	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	384 AUTOPSY?	IN CERTIFYING	E FINDING:	DEATHS
ician.  Ithe lician.  Ithe hospital hos	E							YES NO NO	YES 🗍		NO.
SICIAN: The page physicion certificate mial-tronsit entol Hygie ltem 18 sho	Ü	210. ACCIDENT WAS UNDE	The same of the sa	21b. TIME C	FINJURY M. MONTH DA	V VEAC	ZIL HOW INJURY OCCUR	RED LISTER HATHER OF MOU	TY IN THE REST OF	MPARTS)	
PHYSICIAN: ending phys this certifica te burial-tror ad Mentol Hy d ar Item 18	AL	OR CONTRIBUTING CA				Y YEAR					
HYS nding buri	MEDICAL	21d INJURY OCCURRE		21e. PLACE		197	211 LOCATION	THE RESERVE OF		U - Zal	
then the properties of the pro	¥	WHILE NO WHILE	п		REEN FACTORY, OFFICE F	ARM, ETC )	518663	COLDERO	wee C	DUNTY	STATE
DING P or offer the as the olth one marked	- 4	AT WORK	-	76	1	1	2 8	7 ()	-2	0	
Z - 2 5 0 2		27s.1 certify that are		told anoughout th	degrated from_	200	10	10	19.6		t (I) (we) lost
ATTE ospite CTO d for d for n 21		above 11 (we) (di		tiving the berry	after death.	, 01	d that in (my) (our) apinion	death occurred on the d	ote and hour and	from the cou	ses stoted
0 0 0 0		12h SIGNATURE	111	1110			DEGREE		13	2c. DATE SIC	SNED.
Fhe too		1	1	we	-		MATTENDING ,	MEDICAL STA		1/2/	12
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	23a. E	URIAL, CREMATION, R	EMOVAL	231 76/1	982 23c N	AME OF C	METERY OR CREMATORY	23d. LOCATION			
BP		Dullal		1/0/1	JUZ Du	laney	Valley Mem.	Cockeys	ille Ba	lto	Md.
HMH - 16 50M 1/81		INERAL DIRECTOR		E a maga				BLILL ADA	Manuel	/3	
(VRA 15, 4)	M	itčĥell-Wie	edefe	1d Home	6500 Yor	k Rd.		.00%	0	,	

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OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

etoined by the hospital ar attending physician.

TO HOSPITAL

BP.

1			STAT	E OF MARYLAND	0 0 0	
	1.	FOR - STATE		EALTH AND MENTAL HYG	IENE O 🔏 U	0 4 4 3
		REGISTRAR	CERTIF	ICATE OF DEATH	RÈG. NO.	
		CEASED NAME FIRST	MIDDLE	AST AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		NETTIE	L. F	IMPE	1-	15-82 12:30PM
70	3. SE	× 12 5 11	RACE S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		PEMALE (	-AUCADIAN 2	24 02	79 yrs.	
1		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUNT	- 1
20	10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OF		-01101110	RE COUNT NO.
6	1	MUMS AULS	LIE NOT IN SUCH EACILITY, GIVE STREET ADDRESS)	AD T A	120. USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING II	176. KIND OF BUSINESS OR INDUSTRY
9	USU	AL RESIDENCE HE NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	nr I. H	HOUSEKIFE	1+0 KE
6	13a S	STATE 136 COUNTY	13c. CITY OR TOWN	/	13e. STREET ADDRESS	
-	14 FA	ATHER'S NAME	INGEL DWINGS HILL	YES NO NO 15. MOTHER'S MAIDEN NAM	2 REGALIA CT.,	APT. A #21117
Ö	1	10 RPIS MIDI	DLE BLAST	I FIRST A	WIDDIE	COHEN
		VAS DECEASED EVER IN U.S. ARME		17 INFORMANT	A A DORESS	
	()	YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES) 25-34-086	MR. LEGAL		ACT. APT.A.
		18 CAUSE OF DEATH (Enter only o	couse per line for (a), (b), and (c).)		1414-3 MD.	21117  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED &	11: 11: 10: 10: 10:	1101111111	ando Dan	BETWEEN ONSET AND DEATH
Н		4413 IMMEDIATE		acception of	who will all	
	11	Conditions, if any, which	DUE TO, OR AS A CONSECUENCE OF	n		
1	16	gove rise to immediate couse (a), stating the	(b) 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M. DO . P	0 -1	
Н		underlying cause last.	DUE TO, OR AS/A CHIEDLENCE OF	request.	lacksey	
-1		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 1(p)
	CERTIFICATION					
1	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
1	TIF				YES NO YE	YING CAUSES OF DEATH?
3		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO,	PART 1 OR PART 2)
7	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
	MEDICAL	21d MJURY OCCURRED	21e. PLACE OF INJURY  [ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION	CITY OR TOWN	COUNTY STATE
	>	AT WORK NOT WHILE AT WORK	TATIONE, STREET, PACTORY, OFFICE, PARM, ETC.)	40 - 1	4	STATE
		220.1 certify that (I) (This has tal)	ottended the deceased from	09140 -	Joen 15	19.5 Z., that (I) (we) lost
	18	sow the deceased alive on above, (1) fuel (did not fi	ew the body after death	a that in (by) ( opinion d	eathloccurred on the date and hou	
		726. SIGNATURE A		DEGREE		
	. 0		11	LOKEL		22c. DATE SIGNED
	-6	Cha Mai	whomas & D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	122. DATE SIGNED
	-	22d PHYSICIAN S NAME (MIPE OR PRI	when & D	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/15/82
		72d PHYSICIAN SWAME MIPPOR PRI LOUIS P.	when & D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D	170 Z120 8
	23o. B	LOUIS P.	HAMBURGER !	ATTENDING PHYSICIAN	70 98 alfru	1/15/82, inezizo8
	1	LOUIS P.  HRIAL, CREMATION, REMOVAL 2  FOR PLACE  URIAL	HAMBURGER !	ATTENDING PHYSICIAN X	7098elfu	1/15/82, ine 21208
	1	LOUIS P.	HAMBURGER !	ATTENDING PHYSICIAN X  1276 ADDRESS  POBOX S  EMETERY OR CREMATORY  KODESH	70 Paltice 23d LOCATION AITY OF TOWN	1/15/82, ine 21208

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages, Land 1 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, ar other troumatic event, the medical

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	FOR - STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE 8 2	0 0 4 4 4
oth oth	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT) Hargare	t Mary	CERTIFICATE OF DEATH	REG. NO.	1 1 Y82   25. HOUR
4 may be or, page 3 offer death	3 SEX	4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
h. Poge	Female  BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	1 29 22  RY? 8  MARRIED   NEVER MARRIED	9 BALTIMORE CITY OF CO	YRS. UNITY OF DEATH
ofter deoth.	Maryland 10 CITY OR TOWN OF DEATH Dundalk	U.S.A.  11. NAME OF HOSPITAL, NUI  710 30 EUCHERCII BGILL	WIDOWED DIVORCED [	Baltimore  120 USUAL OCCUPATION  (TY Housework	126 KIND OF BUSINESS OR
124 hours	USUAL RESIDENCE (IF NURSING HOATS) 130 STATE 136 CO	KE OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 13c CITY OR TO DUNCAL	EFORE ADMISSION) OWN \$13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ltimore St. 21224
ecuted within d completely ss 1 and 2 sh colexantiner	14 FATHER'S NAME FIRST  Michael	MIDDLE LAST TOF	15. MOTHER'S MAIDEN N FIRST Virgin	NAME MIDDLE	Ferrisi
rote be executed by the second control on the second control on the second control of th	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL S GIVE WAR OR DATES) 217-07			166 Mid Haven Rd.
equires that the death certifical signed by the attending phys. Then please remove carbonaper to burial, cremation, or remove injury, or other traumatic event,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CONSE	cortackles alabor	PAS MORPHY	N GIVEN IN PART 110
low r. low r. see os bee os bee with the perior	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \Backsigma \) NO \( \Backsigma \)
HYSICIA nding plans certif buriol-t Mentol or Item	OR CONTRIBUTING CAUSE OF CHEET CAUSE OF CHEET CAUSE OF CA	DEATH HOUR A.M. MONTH	19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN ITE	M TB, PART T OR PART 2)  COUNTY STATE
by the hospital or ATTENDI by the hospital or ERAL DIRECTOR: A editoched for use state Dept. of Heal	22a. I certify that (I) (this has sow the deceased alive	d not) view the body ofter death.		MEDICAL STAFF _	thot (1) (we) lost d hour and from the causes stated  22c. DATE SIGNED
O HOS stoined O FUN hould the	Dr. George 230. BURIAL, CREMATION, REMOV	Dendrinos VAL 23b. DATE 2	5113 Easte	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FUNERAL DIRECTOR	1/4/82 ADDRESS	Holy Redeemer 250. D	Baltimore ATE REC'D. BY REGISTRAR 235. RE	GISTRAR'S SIGNATURE

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	FOR STATE			DEPART		OF MARYLAND ALTH AND MENTAL HY	GIENE 8 2	0	0 4	4 3
	REGIS	RAR			CERTIFIC	CATE OF DEATH	REG.	NO.		
	DECEASED	NAME FIR	RST	MIDDLE	LAS	ST	20. DATE OF DEATH		Y YEAR	26 HOUR
	(TPE OR PRINT)	KATHE	RINE EL	IZABETH I	LARRIMO	RE	JAN	TUARY 23	,1982	4:25A
3	SEX		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HR
	FEM	ALE	WHI:	re	NOV.	15, 1901 FAR	80	YRS.	NIHS DATS	HOURS MIN
35	d. BIRTHPLAC	E (STATE OR FOREK		SA	? 8 MARRIED WIDOWED	NEVER MARRIED D	9. BALTIMORE CITY BALTIMO	OR COUNTY C		^
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Figures to	JSUAL RESID 30. STATE MD	ENCE LIF NURSING H	OME OF OTHER INSTITUTION COUNTY ALTIMORE	131. CITY OR TOV	WN 11	13d INSIDE CITY LIMITS? YES NO W	13e. STREET ADDRES 7B FEL	LOWSHIP	COURT	
exomine		NAME PIRST OHN	MIDDLE	CROSBY	1	IS. MOTHER'S MAIDEN NA EVA	MIDDLE	Н	ARTIG	
medicol	YES NO OR	UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES)			17 INFORMANT		DRESS	D 03 00	
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roumatic ev	Condi	ions, if any, wh	DUE TO,	ON AND CONSEQUE		Mesk.	aloby	fuec ko	x Mo	nte
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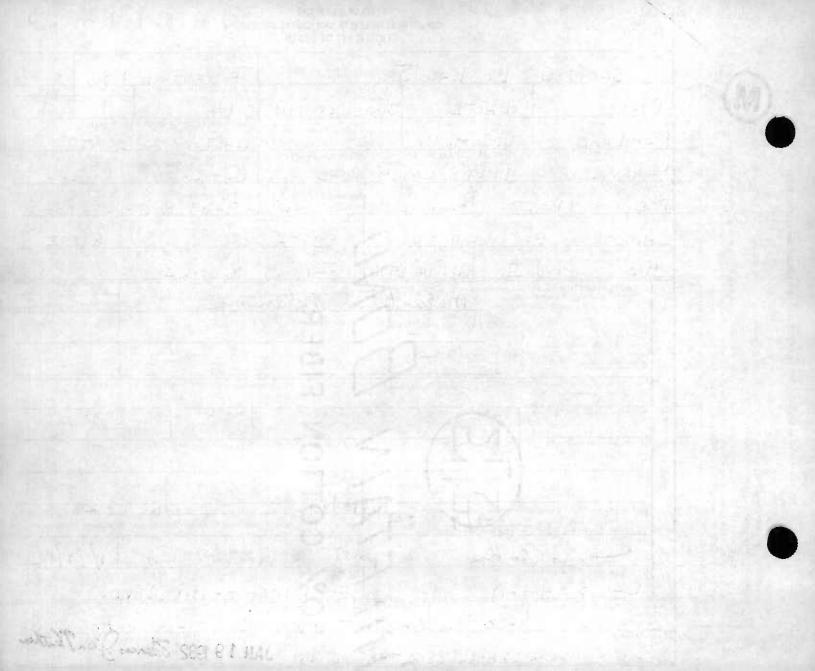
- STATE

DHMH - 16 50M 1/B1 (VRA 15.4)

2b. HOUR IF UNDER I YEAR IF UNDER 24 HRS HOURS AA INL BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 24 FUNERAL DIRECTOR 8800 HARFORD + UNERAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 shauld be filled wi

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the should be detached for use as the burial-fronsit permit. Then please remave carbonpope with the State Dept. af Health ond Mentol Hygiene prior to burial, crematian, ar removal

FOR STATE

STATE	OF	MARYLAND	
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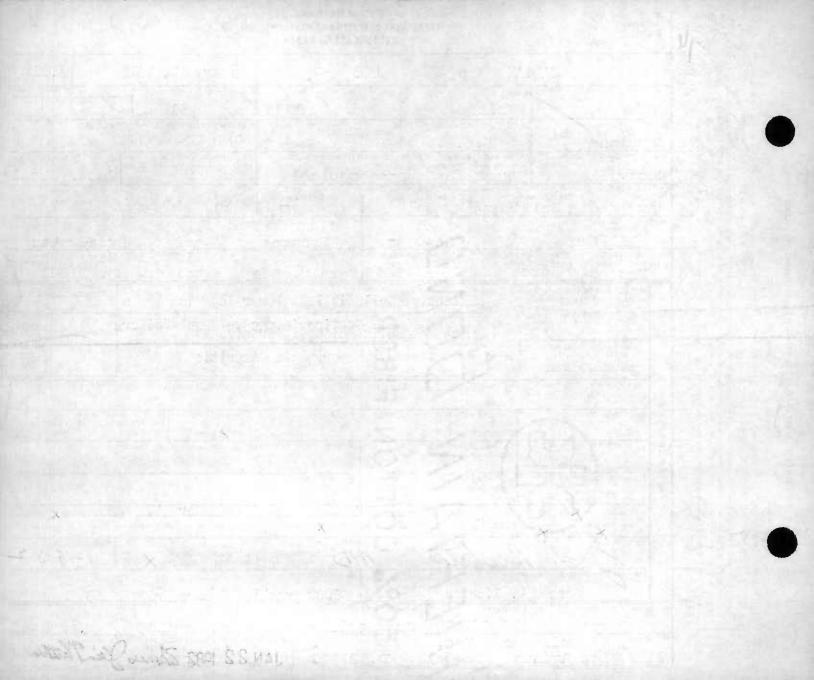
CENTURIC ATE OF DEATH

ч		REGISTRAR		REG. NO.									
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH		AY YEAR	2b. HOUR	
	(inte	OR PRINT)	WILLI	IAM P.		LE	E, Jr.		January 1	2	1:05	p <sub>M</sub>	
	3. SE	X	4	. RACE		5 DATE C			6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24	
	M	ale	200.00	White	9	4	4	1930	5	1 YRS.	IONIHS BAIS	HOURS	MIN.
1	7a. BI	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MARRIED []	BALTIMORE CITY	OR COUNTY			
5		ryland		U.	S.A.	WIDOWE		VORCED	Baltimore County  12a USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE  INDUSTRY				MD. BUSINESS OR
~-7	10 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NU	IRSING HOME C	OR OTHER INS	TITUTION					
1		ssville		Frank	lin So	quare H	Hospit	al	Welder	OF WORKING CIFE	Beth	. Ste	el
20	USU/ 130. S	AL RESIDENCE IN NURS	13b COUNT		GIVE RESIDENCE B		1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	AT AUG			
· Service		ryland	Balt	imore	Dunda	alk	YES 🗍	NO 🔀	8103 Mi	d Hav	en Ro	ad	
A	14 FA	ATHER'S NAME FIRST	м	IDDLE	LAST		15 MOTHER	S MAIDEN NAM	E MIDDLE		LAS	at .	
10		William	1	P.		, Sr.	Fr	ances	Mari		Broad		
		VAS DECEASED EVER		ED FORCES?		SECURITY NO.	17. INFORMA		810	35 Mid	Have	n Roa	ad
		Yes	Kore		212-2	4-1493	Fern	M. Lee	Bal	to.,			
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for (a), (b	n, and relia	utio l	oft love	n log wit	h	BETWEEN	MATÉ INTERVA ONSET AND DE	ATH
		1 E	IMMEDIATE		x cens i	ve cerr	ucis i	erc rowe	er leg wit			111	
		6826	2	DUE TO, O	R AS A CONSE	EQUENCE DE	Septice	emia, Ac	sive Renal	Failur	^e		
	7	Conditions, if any		(b)_	with me	caporic	ACTUO	SIS, Erc	is ive and				
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF Hemorrhagic Gastritis												
				( (c)									
	z	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR COI	NDITION GIVE	N IN PART 1	0	
_	CERTIFICATION	19s DATE OF OPERA	HON	19h CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFO	PAAED	200 AUTOPSY?	20h JE YES	WEDE FINDS	JGS LISED	
	IFIC,	THE DATE OF CITER		The Corre	110111011111	nen or Enamo	TY WAS TERRIC	KMLD	IN CERTIFYING CAUSES OF DEATH?			?	
7	ERT	21g. ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY		21c. HOW IN	JURY OCCURRE	YES NO D	YES		ио 🗌	_
7		OR CONTRIBUTING		,	M. MONTH		100						
	MEDICAL	(IF EITHER, NOTIFY MEDI- 21d. INJURY OCCURI		21e PLACE		19	211 LOCATIO	ON					
	ME	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY, OFF	FICE, FARM, ETC.)	STREET		CITY OR 1	OWN	COUNTY	51 A	TE
		22a. I certify that		1) attended the	e deceased fro	Janua	rv 11	10 82	, Januar	v 19	。82	that 🗶 (we	n) Inst
		saw the decease above, **(we) (	ed alive on_	January	/ 19	0.7	nd that in (n)	(our) apinian de	eath accurred on the				
		22b. SIGNATURE	dia) (dig tot)	view the body	offer death.		DEGREE				22c. DATE	SIGNED	
		//-	1	1/1	11/2	1	UD '	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIANI X	1-	15-8	12
		22d. PHYSTIAN S DAME (TYPE OR PRINT) 22e ADDRESS									•		
		J	oseph	L. Rich	iter		9000	Frankl	in Square	Drive	21237		
		BURIAL, CREMATION,		23b. DATE		23c. NAME OF C			23d LOCATION	DITTE			_
		Burial		1/26/	1982	Crowns	sville	Vet.	Crowns	rille	COUNTY	arvla	and
	24. FU	UNERAL DIRECTOR D	ouda-F	Ruck.	Inc.	0101111			REC'D. BY REGISTRA			HALP A	-114
	79	22 Wise	Aveni	ie D	undall	k, MD.	21222	LAN	22 1982	Frances	Van	hitte.	my.
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	1			STAT	E OF MARYLAND		
2	11	FOR - STATE	DEP/	ARTMENT OF H	EALTH AND MENTAL HYG	IENE 8 2	0 0 4 4
	Ι.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0
		CEASED NAME FIRST	WIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
be 3 ge 3 eath	(14)	ELIZABE	Tu b	1 3	CLAND		1 28 82 12450
pog	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	The same of the sa
25		Trans.		MONTH	DAY YEAR	QII	MONTHS DAYS HOURS M
	7n P	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TDV2	21 1887	717	YRS.
36		COUNTRY)	The CHIZEIN OF WHAT COOK	MARRIE	NEVER MARRIED		OR COUNTY OF DEATH
	10.0	MD, ITY OR TOWN OF DEATH	U.S.A.	WIDOWE			MORE COUNTY
The diagram	10.0		11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	
by the filed to notifi	/	BATTIMORE	STELLA MA	IRIS HO	32192	HOMEMAH	SER
od in bou	130	AL RESIDENCE (IF NURSING HOME O STATE 136 CON	OR OTHER INSTITUTION GIVE RESIDENCE B	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. it, the medical examiner must be no		Mp. 13		BROM	YES NO	at a	DUMBARTON RD.
RYL ithii zely 2 sł	14. F	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	NE .	24
maple ond		WILLIAM	· · · · · · · · · · · · · · · · · · ·	ALO	ESTHER	WIDDLE	GILNER
RE, I		WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	SS
MORE e execu	1		IVE WAR OR DATES)	14-1897	STELLA MADRICIA		2 113
e be ers. F		<u> </u>			21 STITH WHKIZ I	102 bior 3.91	DOWNEY USURINGO
By cot	100	PART I. DEATH WAS CAUS	only one couse per line for (a), (b				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ertifiertification of plants		IMMEDIA	ATE CAUSE (D) ARTER	13 SUER	OTIC CABDION	SCULAR DIS	324.3
or o		4292	DUE TO, OR AS A CONSE	EQUENCE OF			
dead dead dead tion, our		Conditions, if ony, which	( (b)				
he o emo		gove rise to immediate couse (a), stating the	(0)				
by t by t		underlying couse lost.	DUE TO, OR AS A CONSE	EOUENCE OF			
201 ped plec		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELLIED TO THE TERM		
sign hen ho bi	Z	TAKT Z OTTEK SIONITICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT KELATED TO THE TERMI	NAL DISEASE OR CON	OHION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death certifu attending physicion.  Ifter this certificate has been signed by the attending ph os the burial-stonsif permit. Then please remove corbana in and Mental Hygiene prior to burial, cremation, or remo orked or Item 18 shows any injury, ar other troumotic ever	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATION	LIWAS DERSORMED	200 AUTOPSY?	201 IF VEC WERE ENIONISS
low low sermine prince or son ws on	5	THE DATE OF CIERATION	176, CONDITION FOR WIT	TICH OFERATION	V VAS PERFORMED	ZUG AUTOPST?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL R N: The long species of the s	E			1		YES NO	YES NO
Y Hysica Mys		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR PART 2)
ON OF YSICIA ding ph s certifi s certifi hourial-th Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19			
HYYS ndir	E	21d. INJURY OCCURRED	21e. PLACE OF INJUSTY		21f LOCATION	5.14.00.10	and the second
S the offer one one week	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	STREET	CITY OR TO	WN COUNTY STATE
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T P OR ST. I		sow the deceased alive or	1		, , ,	enth recurred no the de	that (I) (we) I to and hour and from the couses stated
hosp IRECT Hed feept. or them 2		obove, (I) (we) (did) (did no	ot) view the body ofter death.			eom occorred on me do	
OR he h		22b. SIGNATURE	2		DEGREE	MEDICAL A STAT	22c. DATE SIGNED
Y th X th the detail of the de					ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPITAL ned by the FUNERAL I JID be detool the State I ORTANT: If		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
O HOSPITAL OR A retained by the hos TO FUNERAL DIRECTOR Should be detached with the State Dept.		EDDIS NA	KHUDA I M. E		STELLA MAR	IS HOSPICS	
TO H TO F shoul	230	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	123d. LOCATION	
OO BP		(SPECIFY) Burial	1/30/1982			CITY OR TOWN	Balto Md
	24 5	UNERAL DIRECTOR	1/30/1302	Drula 1	Ridge Cemetery		6
DHMH - 16 50M 1/81 (VRA 15, 4)		tchell-Wiedefe	1 d II CEOC ADDRE	55	250. U.A E	BEC'D. BY REGISTRAR	DE REGISTRAR SEGNATURE
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PRESTON ST.

DIVISION OF VITAL RECORDS, 201

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1	- STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	0.				
	ECEASED NAME PE OR PRINT)	Howard		A.		ockhart	January 1	MONTH DA		2b HOU 4:45		
3. SE	x Male		4. RACE White		5 DATE C	of Birth  - 28° - 189°8	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS MIN.	
7a B	IRTHPLACE (STATI	E OR FOREIGN	76 CITIZEN OF	what country?	MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	Baltimore City C	R COUNTY			MD.	
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOWSON 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MULTI — Medical Center  12. USUAL OCCUPATION (Type OF WORK FOR MOST OF WORKING LIFF Purchasing Agen)								126. KIND C	of Busine Railr	ss or oad	
13a	laryland	13b COUN		Cockeysv	N	13d. INSIDE CITY LIMITS? YES NO 🔼	13 STREET ADDRESS Male	colm Ci	rcle,	2103	0	
14. F.	ATHER'S NAME FIRST James		MIDDLE	ockhart		Ocie	WE		Shee	ës		
	WAS DECEASED ET YES, NO OR UNKNOWN YES		MED FORCES? E WAR OR DATES)	708-18-0		Mrs. Alice B	• Lockhart,		as #:	L3e		
	Conditions, if gave rise to couse (o), st	IMMEDIAT ony, which immediate	D BY: DUE TO, OI	Ine for (0), (b), one  RAS A CONSEQUE	S A U	bic Care	= 14 omi	4	APPROX BETWEEN	MATE INTER ONSET AND	DELLAS	
TION		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.										
CERTIFICATION	19a DATE OF OPE		196. CONDI		HICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF IN CER					YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)		
MEDICAL C	OR CONTRIBUTING  (IF EITHER NOTIFY)  21d INJURY OCC	CAUSE OF DEA	TH HOUR A.I	M. MONTH DA M.	19	21f LOCATION STREET	CITY OR TO		COUNTY	51	TATE	
~		T WHILE		3		1	1 1					

22s.1 certify that (I) (this hospital) grty

DEGREE

ATTENDING PHYSICIAN 1-MEDICAL DIRECTOR PHYSICIAN

Paul J. Edgar, M.D.

660 Kenilworth Drive, Towson, Md.

Burial		1-20-8	2	Druid	Ridge	Cem
24 FUNERAL DIRECTOR	STATE			1050	York 1	Rd.
Ruck Towson	Funeral	Home,	Inc.	Towson	n,Md.2	1204

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 1-20-82 23¢ NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

22e ADDRESS

Pikesville, Maryland

(our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

njury, or other troumatic event,

ond Mentol Hygiene pr marked or Item 18 shows

TO FUNERAL DIRECTOR:

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10 W. Padonia Rd

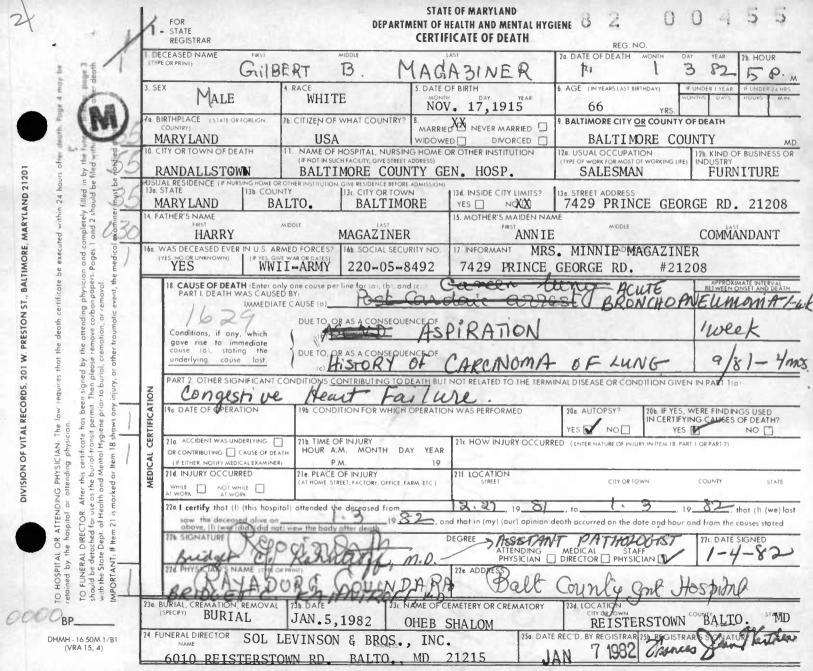
J. E. Lowell Lemmon

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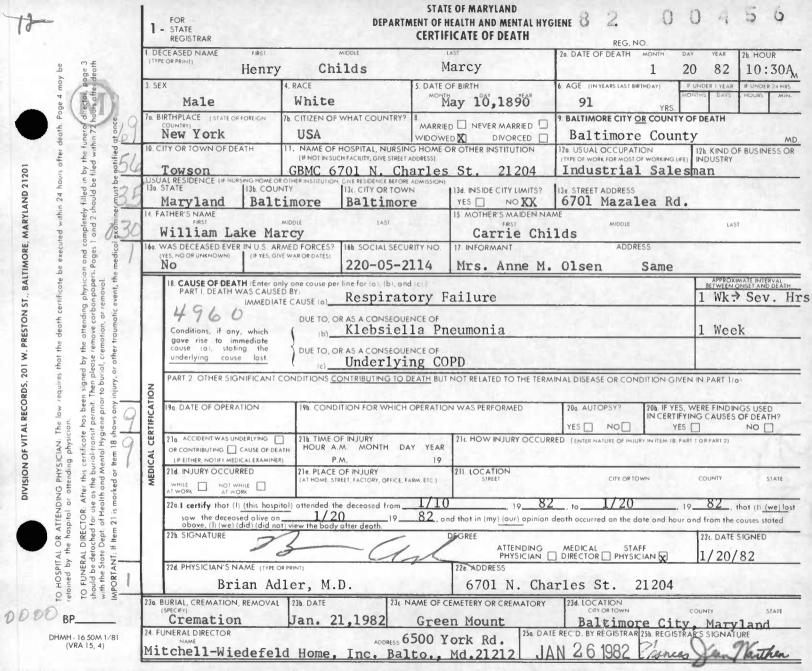
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME a. DATE KNOWN [] (TYPE OR PRINT) ESTI-**JOHN** W. MACK DEATH MATED L-SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Male White 3 3 44 37 O. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? Separated NEVER MARRIED 9. BALHMORE CITY OR COUNTY OF DEAT FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [ DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126, KIND OF BUSINESS 1051 Maiden Choice Lane Apt. 3 FOR MOST OF WORKING LIFE) OR INDÚSTRY Maiden Choice Supervisor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21229 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Maiden Choice YES NO I 1051 Maiden Choice Lane Apt. 3 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE William Edward Mack Emma Davis 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) YES Unavailable 212-42-2905 Patricia Mack 1334 Sargeant St. 21223 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fro Natural causes Accident Suicide Undetermined manner ACTUAL DEATH, NORE, M. SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION East Point Balto. Co. STAMd. Oak Lawn Cemetery 1/20/82 Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATU 21229 **DHMH - 17** VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 30M 7/73

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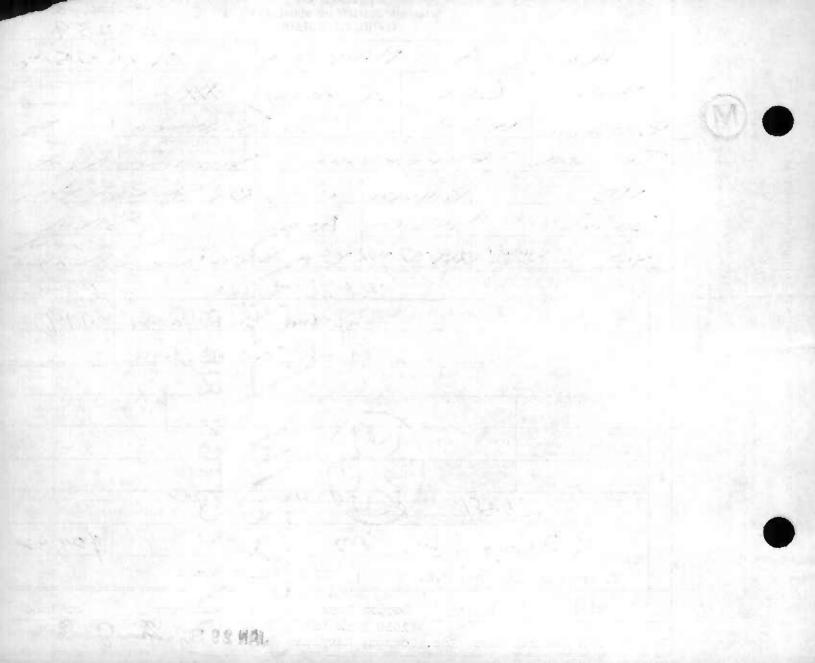
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MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	13a.	AL RESIDENCE (IF NURSING HOME OR OF	THER INSTITUTION, GIVE RESIDENCE  134 CITY OF	BEFORE ADMISSION) TOWN 13d. INSIDERTY LI YES NO	MITS? 13 STREET ADDRESS	and flore
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L OR the hor tocher e Depr		22b. SIGNATURE	na Hegginte	PHYS	DING MEDICAL STAFF	120. DATE SIGNED
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0401 BP	23a	BURTAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-1-1982	23c. NAME OF CEMETERY OR CREM Loudon Park	ATORY 23d LOCATION CITY OR TOWN Baltimore	Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERALDIRECTOR NAME ICK Towson Funera	1 Home, Inc.	1050 York Road Towson, Maryland	JAN 29 1982	PARS SIGNATURE



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5++	11-	STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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MINER: 1 TIFICATE, TIFICATE, ECTOR: P TH THE ST		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my death resulted from: Natural gauses , Accident , Suicide Hamicide . Undetermined manner ,	opinian
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STEPHEN CO. 108 M. March Ave. 21201 Live Care

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		BURIAL, CREMATION, I (SPECIFY) Cremation		23b. DATE 1/30/	1982		CEMETERY OR Moun		23d. LOCATION CITY OR			OUNTY	ryla	ATE
	24 F	UNERAL DIRECTOR D	ouda-	Ruck,	Inc RODRE	:55	2122	25a. DAT	E REC'D. BY REG	15 TRAR 256.	ROSTRA	R'S SIGNAT		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics

IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or ather traumatic \*\*\*\*\* If should be detached for use as the burial-transit permit. Then please remove carkent, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

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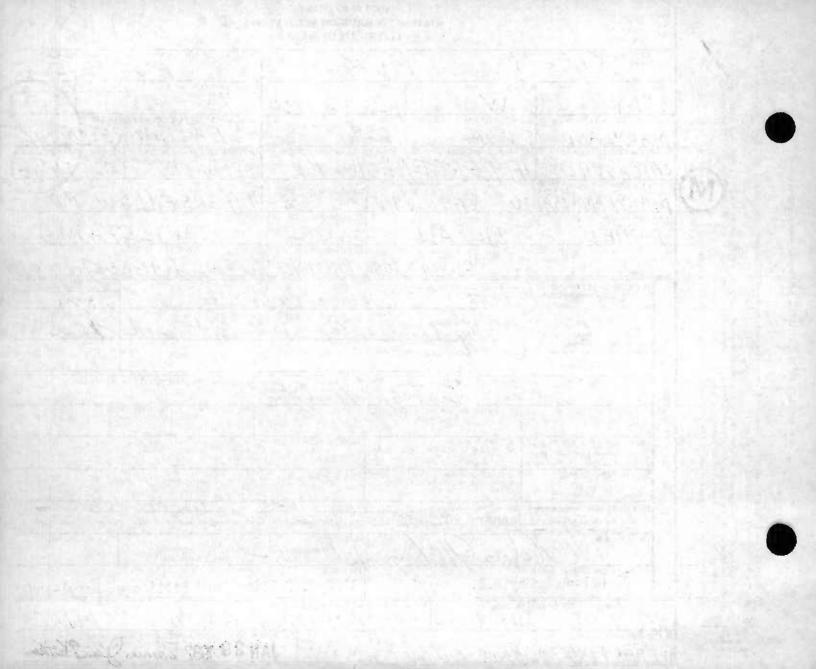
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	3 SE	female	RACE	5. DATE OF BIRTH  DAY  10 - 18899		MONTHS DAYS HOURS MIN
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s. Poges e medico	160	NAS DECEASED EVER IN U.S. ARN YES NO OR UNKNOWN] (IF YES, GIVE	var or dates) 313	152-6688 Stalla 1	Naris Hos	pice
ed by the attending physici pleose remove corbonopper irial, cremotian, ar removal.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CO	insequence of obstruction	1 diseds	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
has been sign permit. Then ene prior ta bu	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		ING TO DEATH BUT NOT RELATED TO THE TERM WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{VOID} \)
ar attending physicin After this certificate te as the burial-transit olth and Memal Hygi morked or Item 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN IT	COUNTY STATE
pital ar after 1708. After to far use as the of Heolth an 21 is morked	_	WHITE AT WORK AT WORK  22a I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not)	ol) attended the deg ose	from 129 1965 19	_,10_1-5	d hour and from the causes stated
y the hos RAL DIREC detoched tote Dept. LT: If Item	_	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED
TO FUNERAL should be dere with the Stote		Eddie Na	nkuda, n	nd. Stella Mari	s Hospice P	x160. Md.2120
P		BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 1-6-1982	23c. NAME OF CEMETERY OR CREMATORY New Cathedral	23d. LOCATION CITYORTOWN Baltimore	county state
- 16 50M 1/B1 /RA 15, 4)		UNERAL DIRECTOR NAME CK Towson Funera	al Home. Inc	1050 York Road 250 DAT Towson, Maryland JAN	T 1982 Jan	EGIS RAID SIGNAL RATTER

~/	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE AREG. NO	0 0	4 0 3
		CEASED NAME FIRST	MIDDLE	Mc FAnh		MONTH DAY	82 6:00 A.M
ige 4 may rector, po urs after d	3 SE	M	4 RACE	S. DATE OF BIRTH  AUG 75 1906	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER  MONTHS  YRS.	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
deoth. Po	M	ARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED WIDOWED DIVORCED □	9. BALTIMORE CITY O	TIMORE	= COUNTED
offer of the state	4	TONS VILLE  AL RESIDENCE (IF NURSING HOME OR	4199 GREE	ING HOME OR OTHER INSTITUTION  TO ADMISSION	120. USUAL OCCUPATION OF THE STORY OF THE ST		KIND OF BUSINESS OR USTRY
25	130 S	ARYLAND BAL			130 STREET ADDRESS	ENLOU	URD
complete complete	160 1	ANIEL VAS DECEASED EVER IN U.S. AR/	MED FORCES? 1166 SOCIAL SEC	- I.DA	ADDRE	11111	AMS
te be exection ond ords. Pages of the medic	(1		216-09	1305 CONSTANCE	MEFALL 4	19GRE	ENLOWA
th certifico nding phys corbon pop , or remove		PART I. DEATH WAS CAUSED IMMEDIATE  4149	ly one couse per line for (o), (b), (d) BY: E CAUSE (a)  DUE TO, OB AS A CONSEO	Coronasy ary	Tag Digea	BE M	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
equires that the dear n signed by the atter Then please remove t to buriol, cremation injury, or other troum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO		ve (grd N	rselle o	Je yr
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	eles Milles	MINAL DISEASE OR CON	DITION GIVEN IN P	ART 1(o)
The law ration.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH? NO
SICIAN: TI ng physicia certificate uriol-tronsit ental Hygi Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR 19	RED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART 1 OR P.	'ART 2)
DR ATTENDING PHY: hospital or ottendii IRECTOR: After this thed for use as the bu- rept. of Health and M Item 21 is marked or	MED	WHILE OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TO		JNTY STATE
		22a. I certify that (I) (this says saw the deceased alive on above, (I) (we) (did) (did and		82, and that in (my) ( opinion	death occurred on the do	ate and hour and fro	, that (1) ( last am the causes stated
		22b. SIGNATURE	ulsen Aly		MEDICAL STAF	F	. DATE SIGNED
TO HOSPITAL CONTROL By the TO FUNERAL DE Should be detoc with the Stote DIMPORTANT: If		J. Nelson Mc	Kay, M.D.	22e. ADDRESS ,1132 N. Ro1	ling Road Ba	iltimore,	Maryl-and28
BP	1	SPECIFY) RIAL	JAN 30/82 230	NAME OF CEMETERY OF CREMATORY  NEW CATHEDRY	AL BALTO	COUNTY	MD, STATE
DHMH-16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR	256. REGISTRAP'S S	IGNATURE



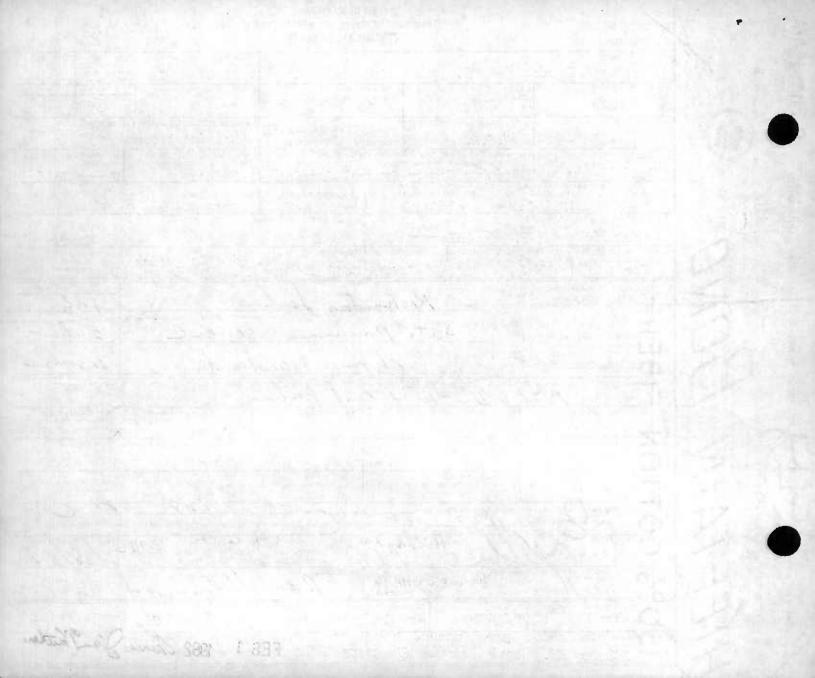
8728 Liberty Rd., Randallstown, MD

REGISTRAR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



STATE OF MARYLAND

national neutra service democratic Col. 1982 version of the contract of the And the state of t Siriland tellimore biodic dwer was 510 mile cost 2700 shot neld do hot mal Euro and the Lo 216 07 2 09 Rital. Loughton, wife Sume bouls are always and a service of the service of th cut offered and the second second for the property of

## 10 4 Mary A. Mellady 3 SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH DAY Female White 1888 93 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) New Hampshire USA Baltimore County DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION petified (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Catonsville Little Sisters of the Poor Restaurant Work BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 220 H Street, NE D.C. Washington YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Victor Boisnert Marie ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR OATES) 003-14-4280 Sr. Martha 601 Maiden Choice Lane, Balto. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) phys PART I. DEATH WAS CAUSED BY celmonon DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO, ORAS A CONSEQUENCE OF Standens Conditions, if any, which gave rise to immediate couse (a), stoting underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>N</u>0 CERTIFICAT 28c AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? per NOL YES Hygiel Hygiel 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL - Din (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March 220.1 certify that (1) (this haspital) extended the deceased from. tan 6, 19 4 2 saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF raceleer be deto e State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 101 Maiden LOUDIERS STANLEY ANKLLDAS 23c. NAME OF CEMETERY OR CREMATORY 23c. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

01-13-82

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

ADDRESS

MIDDLE

FOR

REGISTRAR

Burial - "

24 FUNERAL DIRECTOR

I. DECEASED NAME

- STATE

TYPE OR PRINTI

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

Gate of Heaven

21229

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

YEAR

82

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IF UNDER I YEAR

INDUSTRY

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2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

NO [

STATE

YES 🗔

Silver Spring Montgomery

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

COUNTY

22c, DATE SIGNED

11:05am

IF UNDER 24 HRS

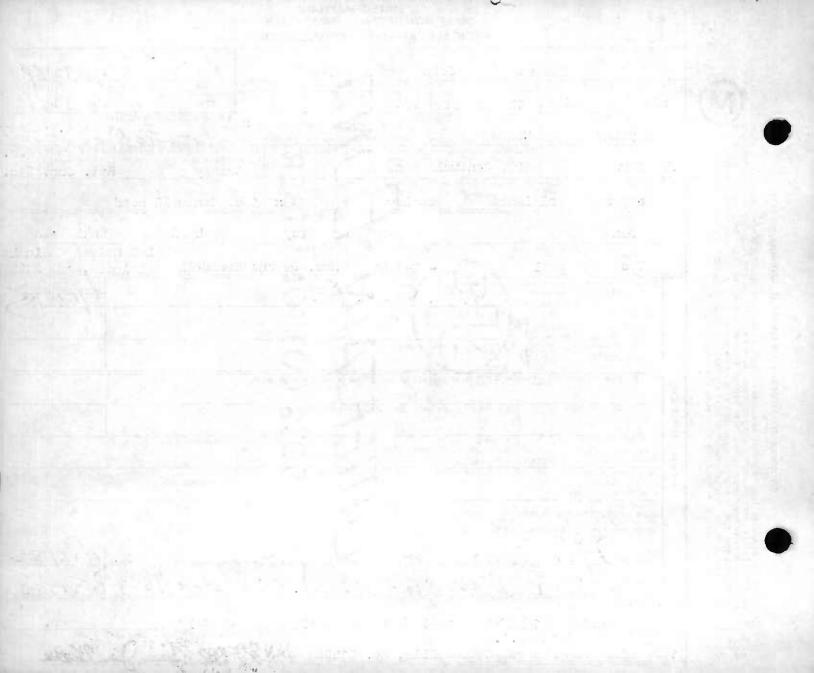
20. DATE OF DEATH MONTH

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STATE OF MARYLAND

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	.1.		CEASED NAME	FIRST		WIDDLE			LAST		2	a. DATE KNOV	NN MONT	H DAY	YEAR 2b. HOUR
	42000	(TYP	E OR PRINT)	Elbe	ert	Joh	nn		Meyer			OF EST DEATH MATE	ED   /	26-19	V1 10.
	A COLUMN	3. SE)	(	LRACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	IDER 1 YR.	IF UNDER		c. DATE	MONT		YEAR 2d HOUR
		Ma	ale	White	12 3	YEAR D7	75 Y	RS. MONT	HS DAYS	HOURS	MIN. P	RONOUNCED DEAD	1	Vh 10	8210
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	O THE PAGE PAGE S. 301	Wo	oodlawn		1607 Ca	intwel.	1 Road					INEY	FE)		Soc. Sec.
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2	- 0. m V _	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTH	ER'S MAIDE	ENNAME	MIDDLE		1461	
2	S S S S S S S S S S S S S S S S S S S		Johr	1	MIDDLE		Meye	r	l <sub>V</sub>	lary		Lydi	.a	Unkl	ebach
A O A	TER DE PAGE FORM ON OF	16a. V	VAS DECEASED	EVER IN U.S. ARM	NED FORCES?	16b. SOC	CIAL SECURIT	Y NO.	17. INFOR	MANT		ADI	DRE 200	Maiden	ChoiceLa
BALTIMORE, MD.	OURS AFTER		Yes	Iששו		219-	-12-68	51	Mrs.	Jean	ne CI	andell			Md. 21229
8	OURS AN WITH WITH T. PAGE		18. CAUSE OF	DEATH (Enter only	y ane cause per lig	efor (a) (b	and tex	1/	R		200				N CONSET AND STATE
12.	HIN 24 HOU IN ITEM 18. SIT PERMIT. HYGIENE, D		PARTIDEA	TH WAS CAUSED	E CAUSE (o)	1.5		V.	6		19.			4	WKS
STO	A T P P P P P P P P P P P P P P P P P P		429	12	DUE TO, O	R AS A CON	SEQUENCE	OF						1/	
9	UTED WITHIN N PENCIL IN EXAMINER A STAL-TRANSIT MENTAL HYOOR REMOVAL			, if any, which ta immediate	(b)								100	/	
3	PEN PEN (AM)		cause (a) s lying caus	tating the <u>under</u> elast.	DUE TO, O	R AS A CON	ISEQUENCE	OF						30	
30	CECUTED WITHIN STATE OF THE EXAMINET OF THE EX				(c)			4.1		300					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	DULD BE EXECUTION OF "PENDING" IN "IFF MEDICAL E. ISED AS A BURING F HEALTH AND V. CREMATION, O	MEDICAL CERTIFICATION		NIFICANT CONDITIONS C	DATRIBUTING TO DEAT	H BUT NOT RELA	TED TO THE TERM	IINAL OISEASI	OR CONDITIO	ON GIVEN IN PA	RT 1 (a).				
8	HIEF HEE USED OF HE	CAT	19a. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	RMED?				20. AUT	OPSY?
1	TE SHOU WORD "WORD "SHOU TE CHIEL CH	E												YES	□ NO □
0	CERTIFICATE STING THE WOOD TO THE 3 SHOULD BE DEPARTMENT RIOR TO BURING THE WOOD TO THE STING THE WOOD TO THE WOOD	GE	21a. EXTERNAL UNDERLYING		21b. TIME O HOUR A.	M. MONTH	DAY YEAR		OW INJURY	CCCURRE	D (ENTER NA	ATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
Z	RTIFIC VG THE SHOUN	CAL	CONTRIBUTIN	G CAUSE OF D			19								
2	CERTING ITING IDED T E 3 SH DEPA	MED	21d. INJURY OF	CCURRED NOT WHILE		OF INJURY CTORY, FARM, E			CATION			CITY OR TOWN		COUNTY	STATE
٥	E, WRITING E, WRITING RWARDED PAGE 3 S STATE DEP		WHILE AT WORK	AT WORK											
	S S S		22a. I certify	Hat Yoak charge	of the remains d	escribed aba	ive, held an	Autop	sy .	Inspectio	n 1	Inquiry ,	and in my	apinian	
	L EXAMINER E CERTIFICAT OULD BE FO L DIRECTOR H, WITH THE MARYLAND,		death resulted	Hope Nature	al causes	Accident	, Su	icide 🔲	, Hami	cide .	Undeter	rmined monner			
	X AA EERTIE ID E WITH			YOU.	100			1	NLE (S	SPRCYFY)	1			/	. / -
	HE CHOUNTH.		ACTUAL SIGNATURE	PUV	Cler	CANA	un	M	DUDO	1 my	MEDIC	CALEXAMINER	DAT SIG	NED //7	16/52
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	TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH TIP BALTMORE, MARYLAN	23a. B	URIAL, CREMAT	ON, REMOVAL 23	b. DATE		NAME OF CE				23d. LOC	RTOWN	C	OUNTY	STATE
00	BP			Burial	1/29/82		ly Cro	ss Ce	metei	-	Br	cooklyn			Md.
	DHMH - 17 (VR A15 ME (5))		NERAL DIRECT		e P.A ADDRE					75e. DATE	REC'D. BY R	REGISTRAR 256	REGISTRAR'S	SIGNATURE	
	30M 7/73	16	30 Edmo	ndson Av	enue, Ca	tonsv:	ille,	Md. 2	1228	JAI	V 29	1982 82	ences	Can / Y	Then_



182 Cardiac arrest articles Hears laws 10 25 H 4 organic vilace dueses - 30x 14 82 no 8 - 300 14 82 1/19/82 Manual Learn Mil - Children See Eye

X	1 - STATE REGISTRAR			NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 -
÷ 3 e	(TYPE OR PRINT)		AIDDLE	LAST	20 DATE OF DEATH MONTH DA	
0.0	EVA	NNA	F.	MILLER	JAN. 9,	1981
(all ):	3 SEX	4 RACE	5	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YE
(MI)	FEMALE	WHIT	E	MARCH 16, 1887	94 YRS.	ONTHS DAT
62 51-	70 BIRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF	WHAT COUNTRY? 8		RAITIMORE CITY OR COUNTY	OF DEATH
1 17	WASHINGTON D	.C. USA		married Never married String Never Married Never Ma	BALTIMORE COUNT	ΓY
of the t	TOWSON	{ IF NOT IN SUCI	H FACILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION PRESS) OF MARYLAND INC	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	12b. KINE INDUSTR
AND 212 AND 212 AND 212 AND 212	USUAL RESIDENCE (IF NURSING F	OME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN BALTIMORE		13e. STREET ADDRESS 3814 W. GARRISO	N AVE
MARYL ted with and 2 at	14 FATHER'S NAME FIRST  GRIFFITH	EVAN	HILD	15. MOTHER'S MAIDEN N	AME	BACO
TIMORE De execu-	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECURIT 220-14-23]		AN HOME OF MD. GEOR	DIXI
ST., BAL physics compager removal.	18 CAUSE OF DEATH (E PART I. DEATH WAS O	CAUSED BY MEDIATE CAUSE (a)	Cerchral	VASCULAR A		BETWE
PRESTON he draft of the attends emotion, or traumation	Conditions, if any, wh gave rise to immedia couse (a), stoting		SAS A CONSEQUENCE	ized Anteni	sclenesis	4
thot thot d by d leose iol, cre		ast (c)	AS A CONSEQUENC	LE OF		
ORDS, 2 requires en signe Then p or to bur	PART 2 OTHER SIGNIFIC	5CVD	NTRIBUTING TO DEA	NOR CVA	MIN AL DISEASE OR CONDITION GIVE	IN PART

COUNTY 12h, KIND OF BUSINESS OR ORKING LIFE) INDUSTRY RRISON AVE. BACON DIXIE DR. GEORGIA CT. & ON GIVEN IN PART LIG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED CERTIFICA 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) morked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 22a. I certify that (1) (the haspital) attended the deceased from sow the deceased alive an Z. and that in (my) (aux) apinian death accurred on the date and hour and fram the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF MPORTANT: DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY LOCATION BURIAL CITY OR TOWN STATE BALTIMORE MD 24 FUNERAL DIRECTOR 250. DATE REC'D.

STATE OF MARYLAND

2b. HOUR

DHMH - 16 50M 1/B1 (VRA 15, 4)

the burial-transit permit and Mental Hygiene pris

FUNERAL DIRECTOR.

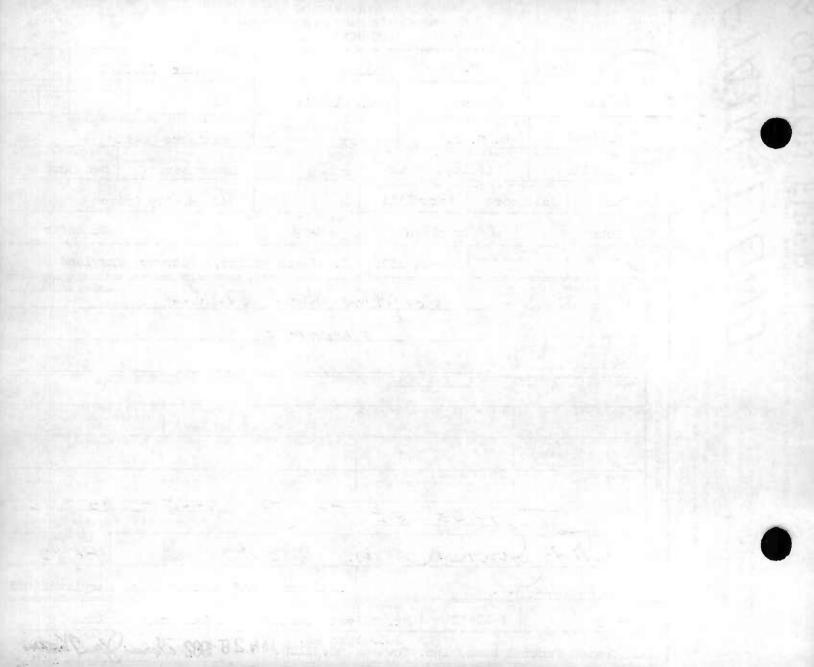
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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

DESCRIPTION OF THE PROPERTY AND ASSESSED TO COMPANY OF THE PROPERTY OF THE PRO 

	- STATE REGISTRAR			- 11		CATE OF DEATH	REG. N	NO		
1.	DECEASED NAME	FIRST	M	IDDLE	LA	ST ST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
· / (	TYPE OR PRINT)	Hilda	F.		Mill	er	Januar	y 25,1	.982	
3	SEX Female		RACE White	e	5. DATE O	F BIRTH 21, 1899	6 AGE (IN YEARS LAST BI	M	IF UNDER I YEAR	IF UNDER 24 HRS
25	BIRTHPLACE (STATE COUNTRY)  Maryla		U. S.	VHAT COUNTRY?	8. MARRIED WIDOWEI	DIVORCED	9 BALTIMORE CITY Baltimor			
90 10	Luthervi		11. NAME OF H		NG HOME O	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	TION OF WORKING LIFE	12b. KIND O	F BUSINESS O
35	SUAL RESIDENCE (IF BO. STATE Maryland	NURSING HOME OR 13b COUN Balt	other institution, of the imore	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Parkvi	RE ADMISSION)	13d Inside City Limits? YES NO XX	13e STREET ADDRESS 8401 Num	ley Dr	ive	
3d 14	FATHER'S NAME John	N	NDDLE	Brockman		15. MOTHER'S MAIDEN NA Mary	ME MIDDLE		Schae	fer
1 16	WAS DECEASED E (YES, NO OR UNKNOW!	EVER IN U.S. ARA N) (IF YES, GIVE	AED FORCES? WAR OR DATES)	166 SOCIAL SECT		17. INFORMANT G. Wilson Mi	iller, Pot		Marylan	nd
	7 486	IMMEDIATI		AS A CONSEOL	POSO/2	Zaum sala				
		ony, which immediate stating the couse lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO	AS A CONSEOU AS A CONSEOU	DEATH BUT	NOT RELATED TO THE TERM	NIMAL DISEASE OR CO	20b. IF YES	, WERE FINDIN	GS USED
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- 1	gove rise to cause into interest of the cause in	ony, which immediate stating the couse lost.  SIGNIFICANT CO  PERATION  AS UNDERLYING  CAUSE OF DEA MEDICAL EXAMINER)  CURRED	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  TH  21b. TIME OI  HOUR A.M  21c. PLACE C	AS A CONSEQUENTRIBUTING TO	DEATH BUT I	N WAS PERFORMED	20a AUTOPSY?  YES \( \text{NO} \)	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
- 12	GOVER 150 to cause 101, underlying counderlying counderly	ony, which immediate stating the couse lost.  SIGNIFICANT C  DERATION  AS UNDERLYING	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A. P.A.  21e. PLACE C (AT HOME, STRI	AS A CONSEQUENTRIBUTING TO	DEATH BUT I	N WAS PERFORMED  21c HOW INJURY OCCURI	20a AUTOPSY?  YES NO CITY OR TO	20b. IF YES, IN CERTIFY YES	COUNTY	IGS USED OF DEATH? NO  STATE
- 12	PART 2 OTHER  19a DATE OF OF  21a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY  21d. INJURY OC  WHILE AT WORK  22a. I certify the sow the de obove, (I) A  22d. PHYSICIAN	ony, which immediate stating the couse lost.  SIGNIFICANT C  DERATION  AS UNDERLYING	DUE TO, OR  (b)  DUE TO, OR  (c)  ONDITIONS CO  19b. CONDIT  19b. CONDIT  HOUR A.A.  P.A.  21e PLACE C (AT HOME, STRI	AS A CONSEQUENTRIBUTING TO	DEATH BUT I	21c. HOW INJURY OCCURI 21c. LOCATION STREET  21d. thot in (my) (Sur) opinion DEGREE	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  depth occurred on the	20b. IF YES, IN CERTIFY YES  JURY IN ITEM 18, PA  dote and hour	COUNTY  19 22,  r ond from the	STATE  thot (I) (wa) locations stated

STATE OF MAKTLAND



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## - STATE CERTIFICATE OF DEATH REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH MONTH	DAY	YEAR	2b HOU	IR
January 17,1982			12;1	0p
6. AGE (IN YEARS LAST BIRTHDAY)	W.	ERIYEAR	IF UNDER	24 HRS
7.3 YRS.	MONTH	DAYS .	HOURS	MIN
9 BALTIMORE CITY OR COUNT				

17h KIND OF BUSINESS OR

1- 17 - 82

INDUSTRY AIR

1. DECEASED NAME (TYPE OR PRINT) John Stabler 3. SEX O BIRTHPLACE I STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? Baltimore County WIDOWED DIVORCED TYPE OF WORK FOR MOST OF WORKING LIFE 13b COUNTY 13d INSIDE CITY LIMITS? SSEX 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) EL12ABETH UNK 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Massive Pulmonary Embolism DUF TO, OR AS A CONSEQUENCE OF Prolonged bed rest Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 Abdoninal Surgery due to Intestinal Obstruction 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOX 71m ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE

22a.1 certify that (Ix(this hospital) attended the deceased from , that (we) last saw the deceased alive an 1-17 abave. (IXwe) (did) (dXXot) view the bady after death , and that in (my) (aur) apinion death accurred an the date and haur and fram the couses stated 22h SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING

PHYSICIAN

22d. PHYSICIAN'STNAME (TYPE OR PRINT)

Gonzalez-Perez M.D.

9000 Franklin Square Drive 21237

DIRECTOR PHYSICIAN

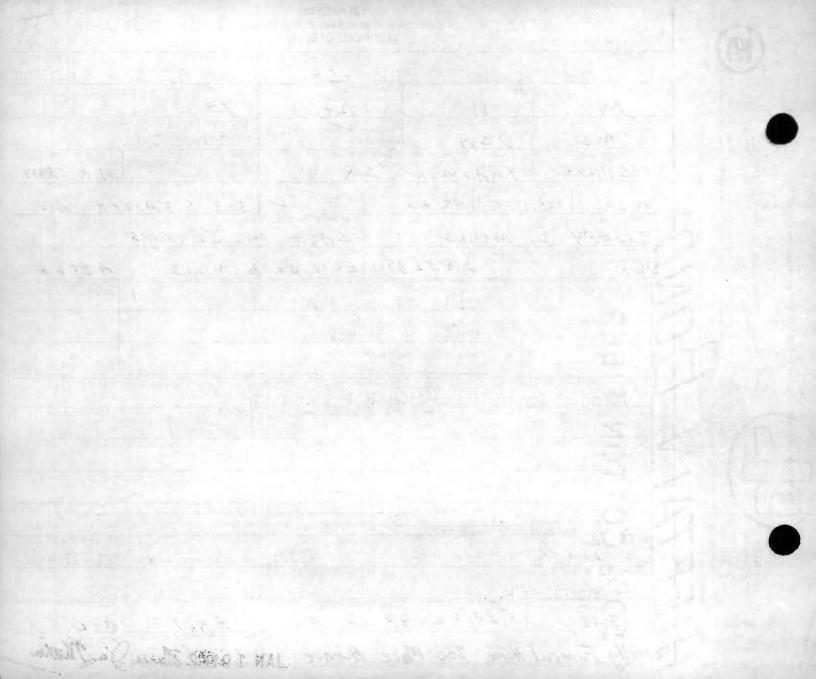
MEDICAL

EST DOMAL, CHEMIATION, KEMOV	AL ZJU. UAJIL	LUC INMINI	L OF CEMETERT OR CREMA	TORT 230. LOCATION
BURIAL	1/20/	82 OA1	K LAWN	BALTO.
24. FUNERAL DIRECTOR			12	Sn DATE REC'D BY REGISTRAP 256 PEGIST

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT should be with the St

MEDICAL



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Margaret S. Mitchell DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCEL 5 25 08 Female White 73 DEAD 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Scottland KX Baltimore County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH FIED. 120. USUAL OCCUPATION (TYPE OF WORK | 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 11 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
503 Castle Dr Secretary Baltimore BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS VES □ NO 🛣 503 Castle Dr 21212 X Baltimore Maryland Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William FIRST MIDDLE Margaret Thompson 17. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) NO Andrew Gibson 612 Gittings Ave 21212 CAUSE OF DEATH (Enter anly one cause per line far DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 < CERTIFICATION 19g. DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ E 3 SHOULD BE DEPARTMENT 점 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWAR! TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion Matural causes Accident Homicide Undetermined monner Suicide MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell 7501 York Rd 21204 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 1-22-82 Moreland Memorial Park Baltimore Maryland Parkville 154 MIGISTRA SSIGNAMBE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** Mitchell-Wiedefeld Home 6500 York Rd 21212 (VR A15 ME (5)) 15M 2/80

Times equalified by van Jerood STORE OF STREET OF THE STREET, SINE EVE Souldi Si mpani seenna

1-12-61 . Loweless Fewerial Land Court Dellinose Designation . Es-26-1

itumelt-fledefeld nord 5590 for an 21212 | John a liberard

Carles V. O'Donnell

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE SECOND OF THE MALE THE FEE

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				TENTE OF BEATH	F	REG. NO.		
1. D	PECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	Steve	n Pa	ul 1	Mohn	ey	Janyar	ry 16, 1	982	9.50 PM
3. S		4. RACE			OF BIRTH	6. AGE IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	
L	Male	White		lugu	st 11, 1953	28	YRS.		MOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH	
1		U.S		WIDOW	ED DIVORCED		more Cou	nty	MD.
	city or town of death utherville	1727 Y	HOSPITAL, NURSING HEAGILITY, GIVE STREET AD OTK Rd • La	HOME (	PROTHER INSTITUTION	120 USUALOCO OTYPE OF WORK FOR Cabinet	MOST OF WORKING	LIFE) INDUSTRY	of Co.
13a	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL	OMISSION	13d. INSIDE CITY LIMITS?		0000		
Ma	aryland Balti	more	Luthervil	.le	YES NO X	1727 Yo	ork Rd.	Lan-Lea	Apts.
14. F	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ΛE			
	Franklin W.	Mohne			Julia	M.	DDLE	Kalbach	
	WAS DECEASED EVER IN U.S. AR		16b SOCIAL SECURI	TY NO.	17 INFORMANT		AD 247 Per		
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-66-97	36	Auman Funera	1 Home,	Reading	o. Pa.	19601
	18 CAUSE OF DEATH (Enter on	ly one cause per	line for (a) (b) and (	3	4 44		Reduin	APPROX	KIMATE INTERVAL ONSET AND DEATH
	PART I. DE ATH WAS CAUSE	D BY:		(	Carchie D	rnest			Taw'
	1950 IMMEDIA	TE CAUSE (0)			0 .			10/-2	
	Conditions of an all l	DUE TO, OF	R AS A CONSEQUEN	CE OF	Cacheria			3	nonth
	Conditions, if any, which gave rise to immediate	(p)			0	10	1	- 1	
	couse (a), stating the underlying couse last.	DUE TO, OF	R AS A CONSEQUEN	CE OF	Cartinon	alosic	(Abdom	und 6	3.4
	PART 2 OTHER SIGNIFICANT O	(c)	NITRIBUTING TO DE	A THE BUILT	NOT DEL LIED TO THE TERMI	NAME OF THE OWNER			
Z	THE STORM ICAN	CONDITIONS CC	NATE OF THE STATE	ATH BUT	-	NAL DISEASE OF	CONDITION GI	IVEN IN PART 1	0,
CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	20a. AUTOPSY	?   70b. IF YE	S, WERE FIND!	NGS LISED
E	-			-		YES TO NO	IN CERTI	IFYING CAUSES	OF DEATH?
1 18	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c. HOW INJURY OCCURR			ES .	NON
	OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DAY		1	TE TENTENTALIONE	SI WASOKI WATERWIS	PART TORPART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE (		19	211 LOCATION				
ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FARA	A, ETC )	STREET	CIT	Y OR TOWN	COUNTY	STATE
	AT WORK AT WORK			1	11. 17. 18.1		1 16	(25	
	22a.1 certify that (1) (the hospi		deceased from	1		, to	1. 10		that (I) (we) last
	obove, (I) (vec) (did) (did)	t) view the body	ofter death.		nd that in (my) (and) apinion d	eoth occurred on	the date and ho		
J.,	22b. SIGNATURE Leuts	AMO	ruley		ATTENDING PHYSICIAN	MEDICAL DIRECTOR   F	STAFF PHYSICIAN	22c. DATE	SIGNED
1	22d. PHYSICIAN'S NAME (TYPE O	.,	-1		220. ADDRESS SUITE	116		LUTITE	RVILLE
	KEITH A	- MIRTY	LEY		1818, 1700	spring	, RD.	MD 21	
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 1-19-81			EMETERY OR CREMATORY	23d. LOCATION		<b>Source</b>	Taxalish.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 sho

24 FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

JAN 1 9 1982

January 14, 202 E SI , II JEE IL .A.S.U 1 10) 5.0.13 be estending the control of the control of the control of . Sign of - me. of the value of the second o 210-0 - 750 Admin Lu oral solo, Reading, Ed. 1920 130 ONE DE CONTROL ON ONE DE CONTROL ONE DE CONTROL ONE DE CONTROL ON ONE DE CONTROL ON ONE DE CONTROL

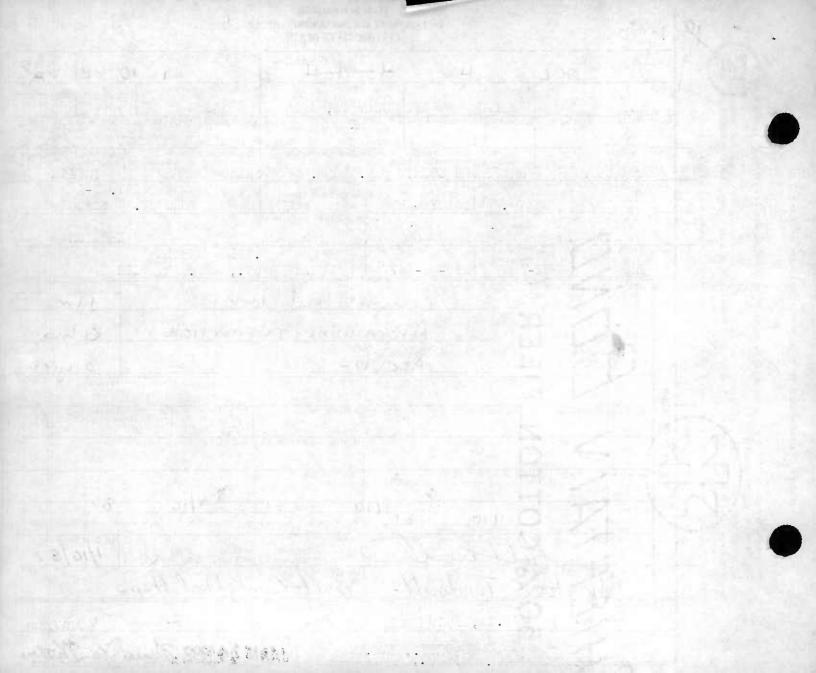
10	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	U E	) ••	7. 3
9		CEASED NAME FIRST	MIDDLE	41	MONDELL	20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR 5
1	2.00	50L	14		ndall		1 10	02	M
- 1	3. SE.		4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTE		FUNDER 24 HRS
		MALE	WHITE	1.	Y 14, 1916	65	YRS.		
226		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	XNEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
0		MARY LAND ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSIN	WIDOWE		BALTIMORE		NIND OF F	MD BUSINESS OR
35	10	RANDALLSTOWN	(IF NOT IN SUCH FACILITY, GIVE STREET BALTIMORE COUNT	ADDRESS) TY GEN		(TYPE OF WORK FOR MOST OF SALES MANAG	WORKING LIFE !	NDUSTRY RETA	
10 M	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	APT	. 3-A	
<b>E</b> )			LTO. BALTIMOF	RE	YES NO XX	4 MONTAIGN	E CT.	#2120	18
E 2	14 FA		MIDDLE LAST		15. MOTHER'S MAIDEN NAM FIRST	MIDDLE		LAST	
		BENJAMIN	MONDELI		RACHAEL			HRLICH	i
pajo			E WAR OR DATES)			. IDA MONDE			
E (			-ARMY 216-01-1		4 MONTAIGNE	CT., APT. 3.	A #212		
ent, 1			ally one couse per line for (o), (b), on D BY:	id (c).)	A 110 1 101	(0	-	BETWEEN ON	TE INTERVAL
o eve		IMMEDIA1	TE CAUSE (o)	my	6 D TREAT 131	ocic		11/	<b>γ</b> .
0 8		4100	DUE TO, OR AS A CONSEQU	ENCE OF	ROIAL IN	FARCTIÓN		61	
i io		Conditions, if ony, which gove rise to immediate			TOTAL IN	THILLIA	~	0	<b>√√3</b>
ofne		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQU	SCU1	0 -			8 1	NEM
y, or		PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR COND	ITION GIVEN II	V PART I(o)	1
<u>.</u>	CERTIFICATION								
o G	ICAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
No.	RTIF		4			YES NO	YES 🗌		NO 🗌
0		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	AV 106171011				
0	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC )	21f LOCATION STREET	CITY OR TOW	/N	OUNTY	STATE
HOTK				1/1	0 10 81	1/10	/	81	
181	9	sow the deceased alive on	tol) ottended the deceosed from	- 1	d that in (my) (our) opinion d	leath accurred on the do	te and hour and	from the cou	it (I) (we) lost
83		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	/	EGREE			22c. DATE SIG	
<u>.</u>	300	1	talltall		ATTENDING PHYSICIAN	MEDICAL STAF		1/10	182
OKIANII I	4	224. PHYSICIAN'S NAME LITYPE O	P PRINT)	,	22e. ADDRESS	1 11 1	, /	1	
Ž		Mesanto	& Tunnboul	/-	Baltolou	my that	Ktop -		
≥	23a B	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		IA 19 M	*****
TH.		DOK TAT	JAN.11,1982 MG	DSES M	ONTEF IORE	BALTIMO			RYLAND
		JNERAL DIRECTOR CO-				REC'D. BY REGISTRAR 2		A A4 31	
		DOK TAT	JAN.11,1982 MG	DSES M	ONTEF TORE			MAR	STATE SYLAND

& BROS., MINC 21215

JAN 14 1982 Truces You Wather

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



34	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 2 (	0 0 4 7 9
	1. DECEASED NAME FIRST (TYPE OR PRINT) TREN	E ESTELLE	MONROE	20. DATE OF DEATH MONTH	12 87 130 AM
ge 4 ma ectar, po	Female	Causian	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS HOURS MIN
Jeath. Po	70. BIRTHPLACE STATE OR FOREIGN COUNTRY)  NORTH CAROLIA	U.S.	Y? 8.  MARRIED   NEVER MARRIED    WIDOWED   DIVORCED	BALTIMORE CITY OR COUN	
rs ofter o	REISTERSTOWN	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE BENT NURS)	SING HOME OR OTHER INSTITUTION SET ADDRESS) WG HOME	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HAIR ORESSER	
filled in rould be	13a. STATE . Mak.co	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY  131, CITY OR TO  PYIES VI	DWN 13d. INSIDE CITY LIMITS	13e. STREET ADDRESS	own
mpletely ond 2 sh	14 FATHER'S NAME FIRST	MIDDLE CALLOS	IS MOTHER'S MAIDEN NA FIRST ANN A	MAPIA	LAST
n and co	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	CURITY NO. 17. INFORMANT	leins en/ 12020/	ges, but eisterstown Rd
quires that the death certifical signed by the ottending phy hen please remove carbanpa to buriol, cremotion, ar removiny, or ather traumatic event	PART I. DEATH WAS CAL  IMMED  Conditions, if ony, which gove rise to immediate couse 10 stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	HENCE OF PROPER CL	MINAL DISEASE OR CONDITION O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  GIVEN IN PART 1(0)
The law re- icton.  The hos been sit permit. I given prior shows ony ii	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	YES NO NO	YES, WERE FINDINGS USED PTIFYING CAUSES OF DEATH? YES NO
ar attending physicio After this certificate he os the buriol-transit polith and Mental Hygies morked or them 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF C	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM I	IB, PART 1 OR PART 2)  COUNTY STATE
the hospital bushed by DIRECTOR:  DIRECTOR: tached for us a Dept. of Her	220.1 certify that (1) (4b+s had sow the deceased alive	spirati ottended the deceosed from on 19 19 19 19 19 19 19 19 19 19 19 19 19		deoth occurred on the date and h	19. 52, that (I) (we) lost nour and from the couses stated  121. DATE SIGNED  1-15 -52
TO HOSPITAL retoined by 1 TO FUNERAL should be del with the Stote IMPORTANT:	22d. PHYSICIAN'S NAME (TYPE	PEORPRINTI DILIAMS N	1) 1904 leiste	ister Reliete	pto hy 2/136
BP	230. BURIAL, CREMATION, REMOVE CREMATION	AL 236. DATE 23 JAN 13 1982 4	LISTVIEW MEM. PARK	23d. LOCATION CITY OR TOWNY  BAITI More	wd. 21228
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	ADDRESS	Malla 1 25 84	TE REC'D. BY REGISTRAR 25% REG	1 1 - 1 - 1/2 A

5	ST EON NO.		ANI IND
	21-01-0	Canadasa	Female
WILLIAM THOUSTRY			
	sanc. G	TECNT AMEDICE	A JUNESTON
Market Street		all ways a played	W best 1
Army -		agent AS	

X	/	1 -	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		8 J
4			CEASED NAME FIF	eph.	MIDDLE	401	VROE	Januar	V 10.1982	26. HOUR
M	)	3. SEX	Male	4 RACE B1	ack	5. ĐẠTE C MONTH Q		6. AGE (IN YEARS LAST BIRTH		
72 Notes	<b>夏</b> マ	C	RTHPLACE (STATE OR FOREIG DUNTRY) Chmond, VA	N 76 CITIZEN	U.S.A.	8. MARRIEI	D NEVER MARRIED *	9. BALTIMORE CITY OF		MD.
by the fun iled within	58		TY OR TOWN OF DEATH TOWSON, Me	(IF NOT IN		G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
filled in I	of Sol	130. 5	MD	HOME OR OTHER INSTITUTION	100, GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO		lenwood Rd.	
and 2 sl	examine C	14 FA	Wilson	MIDDLE	Monro	e	15 MOTHER'S MAIDEN NAME FIRST Ella	WE	-	AST
n and ca Pages 1	Medicol		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCE YES, GIVE WAR OR DATES		RITY NO.	17 INFORMANT Claudine	C. Moore	1807 Hillens	
d by the ottending physicieleose remaive corbon paperiol, cremotion, or removal.	or other troumotic event, th		Conditions, if ony, wh gove rise to immedicouse (o), stoting underlying couse le	CAUSED BY: AEDIATE CAUSE (o  DUE TO  ich ofe the DUE TO  ost. (c)	O, OR AS A CONSEQUE	NCE OF	4. ARRES.	Az	opulmonary crest	
hos been signe t permit. Then p iene prior to bur	laws any injury,	CERTIFICATION	PART 2. OTHER SIGNIFIC		S CONTRIBUTING TO E		NOT RELATED TO THE TERM	200. AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
er this certificates the buriol-trans and Mental Hyg	ked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	E OF DEATH AMINER)  21e. PLA	E OF INJURY  A.M. MONTH DA  P.M.  CE OF INJURY  E, STREET, FACTORY, OFFICE, F.	19	211. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR CITY OR TOW		STATE
DIRECTOR: Aft toched for use as Dept. of Health	If Item 21 is mar		220.1 certify that (# (this	hospital) attender live on Janu (day) bew the b	the deceased from Dary 10 19 ody ofter death.	0Z , ar	nd that in (my) (our) opinion  DEGREE  ATTENDING	death occurred on the do	te and hour and from the	Anot (M (we) lost e couses stated
Should be def	MPORTANT:		22d prosician's Name Alvin I	Brewer	, M.D.	101.	PHYSICIAN L 220 ADDRESS 7620 Y	ork Rd, To	11/	21204

23c. NAME OF CEMETERY OR CREMATORY

Church Cemetery

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

24 FUNERAL DIRECTOR Wm. C. March F/H, Inc. 1101 E. North Ave.

1/16/82

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23d. LOCATION
CITY OF TOWN
Richmond COUNTY STATE VA

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) EST Richard DEATH MATED MONTAGUE Latane 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE DAY LAST BIRTHDAY) PRONOUNCED 1,1897 Male White 84 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY NEVER MARRIED Maryland U. S. A. Baltimore County, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH GIVE PAGES 1, 2, AND 3 TO THE P ITH FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOUID BE FILED IVISION OF WITAL RECORDS, 201 M 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Designer - Balto. Gas & Electric Towson 926 Ellendale Drive USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13d. STREET ADDRESS | YES | NO XX | 926 Ellendale Drive 13b. COUNTY 13c. CITY OR TOWN Baltimore Maryland Towson 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Aloa Burton Montague Cornelia M Hardisty Anne 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES YES WW1 212-05-4743 Mary K. Montague, Same As #13e CAUSE OF DEATH (Enter only ane cause per line for the land ic) ALONG WI AFRECISIMATE INTERVAL. AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) V CERTIFICATION USED, 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HE PRIOR TO BURIAL, 20 AUTOPSY? YES ] BE 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY SHOULD E 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION IO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, FTC 1 CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinion Netural causes Homicide Undetermined manner EXAMINER'S NAME Charles F. Of nnell, M.D. 7501 York Road Tows on , Md . 21204 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Cremation 1-14-82 Loudon Park Crematory Baltimore, Maryland 24 FUNERAL DIRECTOR 1050 York Road 25a, DATE REC'D, BY REGISTRAR 25b, REGIST **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5) 15M 2/80

Marian E. a'somel, M.D. (12) on Roll Some String HUCK LONSON FUNCES FOR S, Fig. 1 - OF S CARROL LAND S CHARLES STATE SERVING STATE ST

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEASED NAME FIRST MIDDLE LAST  (TYPE OR PRINT)  MARGARET O. MOORE					20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 750 PM				
	1 SE	I SEX 4 RACE		SHUNDER	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
		FEMALE	WHITE		JUNE	21, 1904 YEAR	77	YRS.	ONTHS! DAYS	HOURS MIN.
10	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF		WHAT COUNTRY? 8. MARRIED KNEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH					
2	MARYLAND		TICA		WIDOWE		BALTIMORE COUNTY MD		D MD	
8		TOWSON, MARYLAND ST JOSEPH HOSPI TOWSON, MARYLAND ST JOSEPH HOSPI			OR OTHER INSTITUTION	ITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY			F BUSINESS OR	
5	13a. S		TY IMORE	GIVE RESIDENCE BEFORE 130. CITY OR TOWN BALTIMORI	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 527 ANNES	LIE RD	. 212	12
30	14 FA	FATHER'S NAME FIRST CLINTON J. OGLE			15. MOTHER'S MAIDEN NAME HELEN MIDDLE DOUTY LAST					
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS			
	,	IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE)		214-40-4		MILTON B. MOORE 527 ANNESLIE RD. 212		1212		
7	NOIT	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR  (c)  ONDITIONS CO		NCE OF	NOT RELATED TO THE TERMI				
	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT		ION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO			OF DEATH?	
					216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	1 (ORPART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET FACTORY, OFFICE, FA	IRM, ETC )	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	270.1 certify that (**) (this haspital) attended the deceased from									
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  276 ADDRESS 76.00 - MODEL OF THE PHYSICIAN DIRECTOR DIRE							4/12		
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		UNERAL DIRECTOR NAME MITCHELL-WIEDEF	ELD HOME	E 6500 Y	ORK R	250. DATE	2 9 1982	name of	A STATE OF THE PARTY OF THE PAR	DRE

STATE OF MARYLAND

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	% % % % ⊢`		CEASED NAME E OR PRINT) KENN	ETH	(	WICIDLE	MORG	AN		2a. DATE OF DEATH	ESTI-	MONTH DAY	YEAR 1952	26. HOU
	IS NECESSARY, PLEASE E FUNERALDIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESION STREET.	3. SEX	M 4. RACE		ATE OF BIRTH		AGE (IN YEARS IF U AST BIRTHDAY) MON		IF UNDER 24 I		E NCEU.	MONTH DAY	YEAR 19.52	2d HO
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	PAGE SE FILED	10 CI	BALTO	111.	ST.	PITAL, NURSINGLITY, GIVE STREET	ADDRESS) HOSPIT	HER INSTITUT		OUSUAL OCCU FOR MOST OF WO	RKING LIFE)	of work 12b. Kil	ND OF BUS RINDUSTR	S.A.
21201	EATH. IF ANY DELAY IS NEC ES 1, 2, AND 3 TO THE FUNI PM 3. RETAIN PAGE 5 F CND 2 SHOULD BE FILED, WI FYTHA RECORDS, 201 W. P CVTA 1 RECORDS, 201 W. P	130. S	L RESIDENCE (IF IN NURSII TATE 13	OF HOME OR OTH		13c, CITY OR	TOWN	13d. INSIDE CIT			erche	ron Ct		
MD.	H. F.		THER'S NAME		DOLE			15. MOTHER	R'S MAIDEN N	IAME	LOIL 9 IV			
ec m	O CT PAGE	G	arner		H)	More	ran Sr	M:	arv		MIGDLE		lark	
ALTIMO	JRS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PM 1. PAGES 1 AND DIVISION OF VITA	16a. V (Y	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (II	U.S. ARMED	OR CIATES)		SECURITY NO.	17. INEQUAL	D5 Per		114	Falls	ton,	Md.
RECORDS, 201 W. PRESTON	IF WRITING THE WORD "PENDLID WITHIN 24 HOURS AFTER DEATH WRITING THE WORD" "PENDLID" IN PENCIL IN ITEM 18. GIVE FAGES 1, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM, PAGE 3 SHOULD BE USED MEDICAL TRANSIT PERMIT. PAGES 1 MEDICAL EXAMINER OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH STATE OF THE MENTAL HYGIENER, DIVISION OF THE MENTAL HYGIENER, DIV		PART I DEATH WAS  Canditions, if ony gave rise to im cause (a) stoting the lying couse lost.  PART 2 OTHER SIGNIFICANT CO	AMEDIATE C , which mediate e under-	AUSE (a)  DUE TO, OR  (b)  DUE TO, OR	AS A CONSEC	DUENCE OF	SE OR CONDITION	GIVEN IN PART 1	01.	tam!		udd	om.
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ON OF V	FICATE STATE WOULD BE OUTD BE ONLD BE	AL CER	210. EXTERNAL CAUSE UNDERLYING OR CONTRIBUTING CA			MONTH DA	Y YEAR	IOW INJURY (	OCCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PA		11.5	140
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•	TO MEDICAL EXAMINEE, TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, P. AFTER DEATH, WITH THE STA BALIMORE, MARYLAND, 2		220. I certify that I to death resulted fram: ACTUAL SIGNATURE	ak charge af Naturol ca	187	ribed abave, h	eld an Autap , Suicide	osy , , Somicio TITL (SP	19.11	Inquiry	onner,	DATE SIGNED	9/8	2
	SECULIAR SEC	-	EXAMINER'S NAME (TYPE OR PRINT)					_ADDRESS						
0000	Bb	()	JRIAL, CREMATION, REM PECIFY) remation	OVAL 235. D	ATE .23-82		don Pai	OR CREMATOR		Balto		COUNTY	STA M	
	DHMH - 17 (VR A15 ME (5) ) 15M 2/80	24. Ft	INERAL DIRECTOR	hwab,	P. ADDRESS	Pike,			JAN Z	6 1982	AR 256 REGIS	TRAR'S SIGNAT		

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¥	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENES 2	0 0	4 8	6
m.f		CEASED NAME FIRST OR PRINT)		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY		HOUR
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Page 4 may director, pag hours ofter de	3 SE)	(	4. RACE		5 DATE (		6. AGE (IN YEARS LAST BIRTH	MONTE		UNDER 24 HRS
Page 4 directo		Female		ite	10			8 YRS		
her death. Po	C	Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY OF Baltimor			MD
ofter the design of the design		ty or town of death  Catonsville	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, E Sisters	DDRESS)	the Poor	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker		NE KIND OF B	BUSINESS OR
24 hour filled in build be	13a S M	RESIDENCE (IF NURSING FOM DUI TATE aryland		GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 4105 Over	lea Ave	nue	
completely 1 and 2 she	14 FA	THER'S NAME FIRST Edward H	MIDDLE a 11	Harkin	ıs	15. MOTHER'S MAIDEN NAME E 11(2)	WE		Mah an	
execut and co Pages 1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
rificate be execution and compagers. Pages emoval.	,	no		212-12-6	767	Sr. Maureen	601 Maiden	Choice	Lane,	Balto.
requires that the death ac no signed by the ottendin Then please remove carb in to burial, aremation, ar in injury, or ather traumatic	NOI	Canditians, if ony, which gave rise to immediate cause (a), stofting the underlying cause last  PART 2. OTHER SIGNIFICANT	(c)		2me	sembe ove	9. Evaeis	yndrou Dition Given in	N PART 1/o+	
iction.  I The law residion.  It has been nosit permit. I regione prior shows any it	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES [	CAUSES OF	
ding physicion.  is certificate has buriol-transit per Mental Hygiene ar Ifen 18 shows		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURE	RED (ENTER MATURE OF INJUR	IN ITEM 18, PART 1	OR PART 2)	
the the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR FOW	и с	OUNTY	STATE
R ATTEN hospital hospital RECTOR: ned for us ppt, of He lem 21 is		220. I certify that (1) (this hosp saw the deceased alive ar obove, (1) (we) (did) (did no 22b. SIGNATURE	you	4 5 19 €	ه کے د	nd that in (my) (our) apinian of DEGREE	deoth accurred an the da	te and havr and		
PITAL O by the ERAL DI e detacl Stote De		22d. PHYSICIAN'S NAME (TYPE O	eley	more	Top	MIN ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗆	1.18.	12
TO HOSPITAL of retoined by the TO FUNERAL IS should be detoined in the Store EMPORTANT: If		STANKEY	ANKC			1101 Mai	den Cleo	rice fo	Beel	Besse
3 SBP	23a. B	urial, cremation, removal Pec#y) Burial	_			EMETERY OR CREMATORY  Atius Ceme tery			ford M	state /-
DHMH - 16 50M 1/76 (VR A 15 (4) )	24 FL	NERAL DIRECTOR	efeld Ho	ADDRESS V	ork I	2d 21212 200 DAT	REC'D. BY REGISTRAR			E

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

	FOR STATE REGISTRAR		DEPA		HEALTH AND N		IENE 8 2 C	0 - 8 8
	1. DECEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE OR PRINT)		Α.		Mountz		1	25 82 7 35
	3. SEX	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS AND
	Male	Whit	8	MONTI 1	1 17	91	90 YRS	MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER M	APPIED T	BALTIMORE CITY OR COUN	
2	Pa.	USA		WIDOWI		ORCED	Baltimore Cou	nty MD.
)	Catonsville	Summit	HOSPITAL, NUR CH FACILITY, GIVE STI Nursin	Home	OR OTHER INST	TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired Manage:	12b. KIND OF BUSINESS OR INDUSTRY
6		or other institution JNTY <b>ltimore</b>	13c CITY OR TO		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 5719 Edmondson	Avenue
0	14 FATHER'S NAME FIRST John	WIDDLE	LAST Mot	untz	15. MOTHER'S	MAIDEN NAA	Unknown	LAST
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SE	ECURITY NO.	17. INFORMAN	1T	ADDRESS	
		WI	221-07-	-6062A	Mrs. M	argare	t J. Geiss Same	e as # 13
7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	(b)_ DUE TO, O (c)_ CONDITIONS C	R AS A CONSECUTION FOR WHI	OUENCE OF	derel	an	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?  YES NO T
-	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE AND THE METHOD COLUMN		M. MONTH M.	DAY YEAR	21t. HOW INJ		ED (ENTER NATURE OF INJURY IN ITEM 18	
	AT WORK AT WORK	(AT HOME, ST	REET, FACTORY OFFIC	10 / 1	STREET		CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this-bas saw the deceased alive a above, (1) (we) (didn't) (did n	1/23	19	\$ 7 . 01		., 19 ous opinion d	to 133 death occurred on the date and ha	
	22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	40-	4			MEDICAL STAFF DIRECTOR PHYSICIAN	276. DATE SIGNED
	Clifford Ratl	iff M.D.			5772	Westvi		more, Md. 21228
	230 BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR C		23d LOCATION CITY OR TOWN	COUNTY _ STATE
	Burial	1/28	/82	Mount	Salem C	emeter	y Wilmington	Delawa

24 FUNERAL DIRECTOR Witzke P.A. DHMH - 16 50M 1/81 (VRA 15, 4)

1630 Edmondson Avenue, Catonsville, Md. 21228

130. DATE REC'D. BY REGISTRAN 136. REGISTRAN SIGNATURATION JAN 29 1982 Thurses Sun Northern

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MPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

1/11/82

Brehms Lane, Balto, Md

Schimunek Funeral Home, DORE Inc.

í.	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 2	0	0 4	3 9
	CEASED NAME FIRST MARY	VIRGINIA		MUGAVERO	20 DATE OF DEATH	1 08	¥82	26. HOUR 5:15A <sub>M</sub>
3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucasian	Jun	e 27 1924	57	YRS.	VIHS DAYS	HOURS MIN.
7a. B.	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY O		FDEATH	TEET PE
	RTHPLACE (STATE OR FOREIGN OUNTRY)  Md.	U.S.A.	WIDOWE		BALTIMOR	E COUN	ITY	MD.
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	126. KINDTO	F BUSINESHOR
_	TOWSON	GBMC-6701 N.	CHA	RLES ST.	Key Punc	h Opr	Med	Center
130. 3	AL RESIDENCE IF NURSING HOME OF OF STATE 120. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Balto.		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 4056	The Ad	lameda	
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		1451	
	Gregorio	Mugave:	ro	Salva	tora		Muga	vero
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	san	ne ad	dress
	10	219-18	-783	3 Josephine	Mugavero	(sist		
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NOI	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	,
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES [	ERE FINDING CAUSES	IGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (4) (this haspi sow the deceased alive an above, (1) (we) (did) (did no	tal) offended the deceosed from	2	d that in (my) (our) opinion d	, to 1-08 leoth occurred on the do	te and hour or		that (I) (we) lost couses stated
	22b. SIGNATURE	E ( )	1.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN X	22c. DATE 5	SIGNED 8-82
	22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS				
	P.E. GENTI	LE,M.D.		GBMC -6701 N	. CHARLE	S ST.		

Balto.

COUNTY

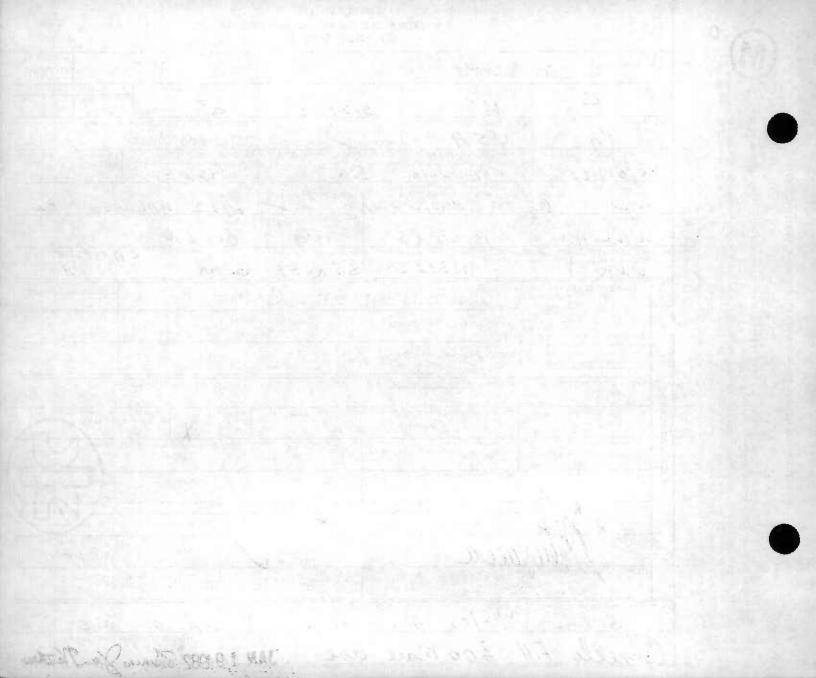
Md.

231. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

DHMH - 16 50M 1/B1 (VRA 15, 4)

71: 21 Constanting and death year TAMEST LAKETSET I A SECOND OF THE RESERVE OF THE RESER 1-01-12 See Care State Sta



Baltimore Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

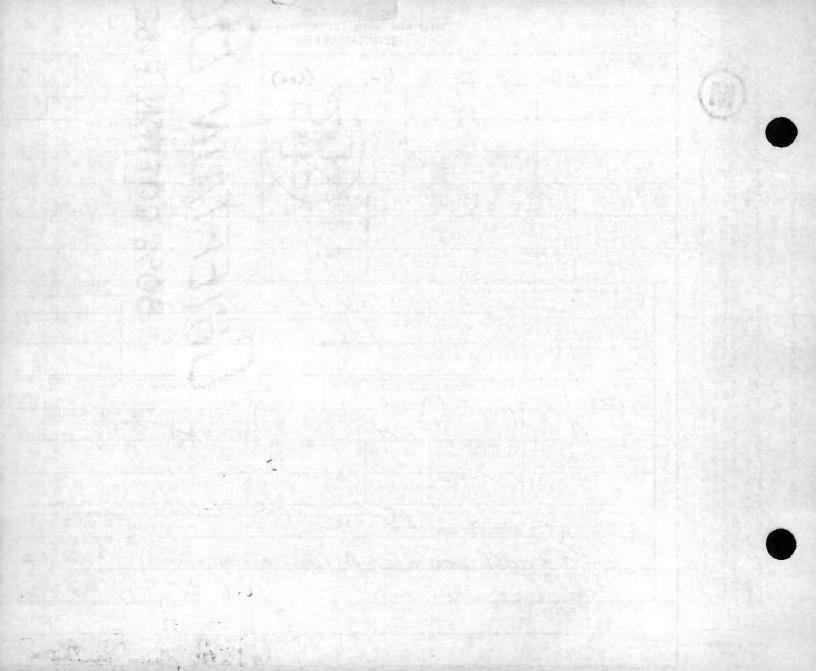
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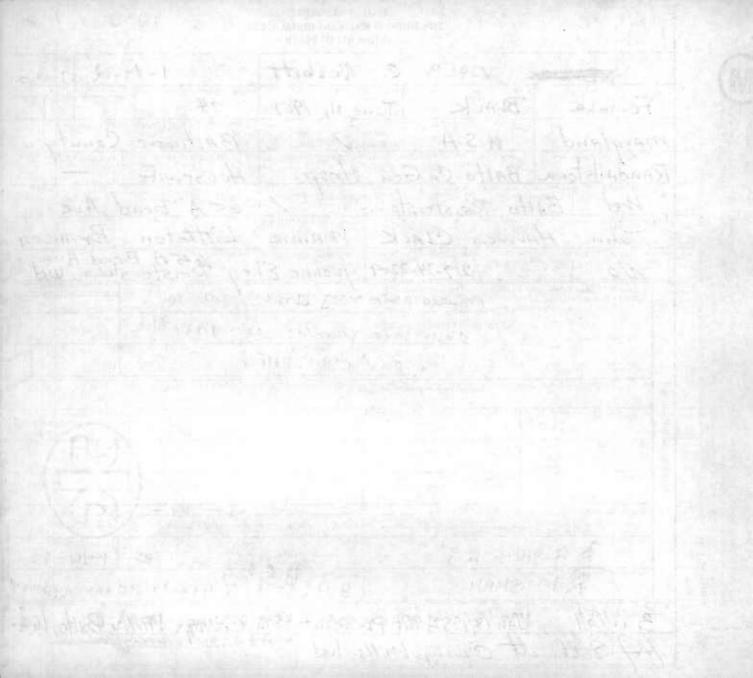
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

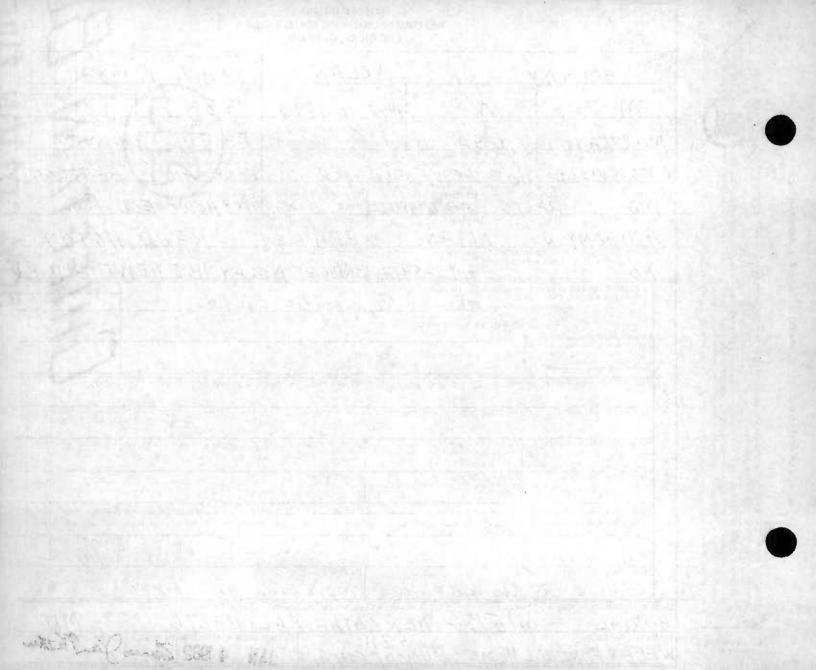


^ ,	1 -	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
(M)		CEASED NAME FIRST OR PRINT)	A NJOLA .	C. Nesbitt	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR 7-00 PM
rection .	3 SE	Female	BLACK	June 11, 1907		UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
death. Po	n	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BAltimore	County MD.
in by the fune of filed within behatified by	R	and Allstown	BALTO . CO . C	Appress)		126. KIND OF BUSINESS OR INDUSTRY
filled could be	13a. S	TATE 13b, COUNTY OF THE STATE 13b, COUNTY OF THE STATE 13b, COUNTY OF THE STATE STAT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY 13c. CITY OR TOW HO RESTOR		65 A Bono	1 Ave.
omple 1 ond		FIRST	MIDDLE AND CLASSIAN WED FORCES? 166 SOCIAL SECU	K MAmie	Littleton	Branson
te be execution and colorician and colorician the medical		ES, NO OR JUNKNOWN) (IF YES, GIV	219-34-	2209 Yvonne &	Ley Reisters	town, und.
ng phys banpap remava c event,		PART I. DEATH WAS CAUSE	E CAUSE (a) Carras	menning and		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attendi		Conditions, if any, which gave rise to immediate cause (a), stoting the underlying couse last	DUE TO, OR AS A CONSEQUE	onve jaunel	win om able	
equires the signed Then plect to burial njury, or	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
icion.  te hos beer sist permit.  giene prior shows ony i	CERTIFICATION	196. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES [	
SICIAN: ng phys certifico ritol-tror entol Hy Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM IB PART	1 OR PART 2)
or attending PHY.  After this sosthe but all the and M.  Ith and M.  narked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR ATTEND haspital of NRECTOR: thed for use tept: of Hear 21 is in		sow the deceased alive an abave, (1) (we) (did) (did na 22b. SIGNATURE	ol) attended the deceased from	, 19 32	deoth occurred on the dote and haur a	that (I) (we) lost and from the causes stated
The part of the pa			hah m-D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-14-82.
TO HOSPITA retoined by TO FUNERA should be de with the Stat IMPORTANT	23e. E	P.M.  URIAL, CREMATION, REMOVAL	SHAH.	O (T) C TU		RANDAUSTAN
DHMH - 16 50M 1/B1	24 FU	BuriAl	JAN-18, 1982 h	At. PLEASANT CO	m Coings Mill	Batto, Wid.
(VRA 15, 4)	1	7. Zehlen	IT Owings	mills, hed	and The same	STATE OF THE PARTY

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) WILLIAM HENRY DEATH MATED NIEWERTH 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE YEAR LAST BIRTHDAY) FEB. 22, 1915 66 MALE WHITE TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT MARRIED A NEVER MARRIED FOREIGN COUNTRY USA MARYLAND BALTIMORE COUNTY WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 725 REGESTER AVE BALTIMORE ENGINEER TOOI. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE 725 REGESTER AVE. 21212 BALTIMORE NOXX MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TER DEATH E PAGES 1, P FORM PM MIDDLE MIDDLE LAST PAUL NIEWERTH JAY HII.DA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 218-01-8858 725 REGESTER AVE. HELENE M. NIEWERTH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BATWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY uddon IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI WRITING THE WOR ARDED TO THE CHANGE 3 SHOULD BE LANDED TO THE DEPARTMENT COMMENT TO THE MENT YES [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 716 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY LATHOME 21f. LOCATION TO MEDICAL EXAMINER: INIS CER PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autonsy Inspection and in my opinian death resulted from Natural causes Accident Homicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230, BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE JAN. 8.1982 ST. STANISLAUS DUNDAKK BURIAL BALTIMORE MD. BP 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** MITCHELL-WIEDEFELD HOME 6500 YORK RD (VR A15 ME (5)) 15M 2/80



former to the first to the firs K mag of the constraints. The fill first is king-grant for the constraints 2 49 - 5 5 N - 5 N - 5 selection of the second of the CONTRACTOR OF THE PROPERTY OF the contact of the co The Country of the Market of the Country of the Cou

	1 -	REGISTRAR			DEFAR		ICATE OF	DEATH	IENE O	REG. NO.	3 0		
		CEASED NAME FOR PRINT)	FIRST ELVIN		AIDDLE .	No	RTH		20 DATE OF D		- 26 -P	2 26	HOUR 4
	3. SE			RACE		S. DATE C	OF BIRTH	YEAR 19	6. AGE (IN YEA	2	# UNDER LYE		UNDER 24 HRS OURS MIN
6		Mary land		U.S.A		MARRIE	D .	MARRIED DIVORCED	Bal:	timore			M
5	Ra	ITY OR TOWN OF DE. INDALLS TOWN AL RESIDENCE (IF NUR:	2	Balto.	OSPITAL, NURS H FACILITY, GIVE STRE County	Genero			120 USUAL OC (TYPE OF WORK FI Engir		and Me	XPF 9 nde	this 89 nhall
5	13a. S	AT RESIDENCE (# NOR: STATE ATHER'S NAME	136 COUNTY Balto.		Rockda	WN	YES 🗌	CITY LIMITS?			lale Dr.		
8		William	R.		North		Edn			MIDDLE	Schaffe		
		VAS DECEASED EVER YES, NO OR UNKNOWN) YES	IN U.S. ARME (IF YES, GIVE W WWII	VAR OR DATES	212-03-		Mrs.	Lilliar	n North		Meadowda more, Ma	. 2	
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS C			AS A CONSEON  AS A CONSEON  TRIBUTING TO  CARR  TON FOR WHICH	UENCE OF  DEATH BUT	3 and	ne &	20a AUTOPS	SY? 20b.	IF YES, WERE FIN CERTIFYING CAUS	DINGS ES OF	DEATH?
	MEDICAL	276. ACCIDENT WAS UNE OR CONTRIBUTING CHEETING. (IF EITHER, NOTHEY MEDI 21d. INJURY OCCURI WHILE NOT WE AT WORK AT WOR 22a. I certify that (I) SOW the decease obove, (I) (we) (c) 27b. SIGNATURE  22d. PHYSICIAN'S NA  OPPLY	CAUSE OF DEATH CALEXAMINER) RED THE CALEXAMINER RK (this hospitol ad olive on did) (did not) v	P.A. 21e. PLACE C (AT HOME STRE ) oftended the	A. MONTH (A. A. A	FARM. ETC)	21f LOCAT STRE 2 that in (m) DEGREE	ATTENDING PHYSICIAN SS	eeth occurred o	1-26	COUNTY  19  d hour ond from t	, that	
	23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 1/29/8		NAME OF CE		crematory etery	23d LOCATH		alto.	M.	D STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 1/29/82 Woodlawn Cemetery
14 FUNERAL DIRECTOR Loring Byers Funeral Directas 256
8728 Liberty Rd. Randallstown, Md. 21133

eath. Page 4 may	(	pod .ue	me Some free 44	1
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may	rending physician.	this certificate has been signed by the attending physician and completely filled in by the	he burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed w	nd Mental Hygiene prior to burial, cremation, or removal.

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4 old be deta

STATE OF MARYLAND FOR - STATE REGISTRAR DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR January 5, 1982 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS

NOWAK HELEN P.4 RACE 5. DATE OF BIRTH MONTH White 1920 Female June 26 61 Ja BIRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County, Maruland U.S.A. DIVORCED

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Miller Island 8810 Hinton Ave.

12b. KIND OF BUSINESS OR Housewife

MIDDLE

12g. USUAL OCCUPATION

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 8810 Hinton Ave. 13d. INSIDE CITY LIMITS? Baltimore Miller Island Maryland YES T NO X

CONSEQUENCE OF

14 FATHER'S NAME MIDDLE LAST Frank Pasko 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

Pauline 17 INFORMANT ADDRESS

15 MOTHER'S MAIDEN NAME

Bochniak

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

(YES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 220-01-2078 No 18 CAUSE OF DEATH (Enter only one couse pe ne for (a), b), and (c

DUE TO. O

IMMEDIATE CAUSE (o

Dr. Sigmund R. Nowak Same as 13 E

APPROXIMATE INTERVAL

DUE TO

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211 LOCATION

CLWIPE

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

CITY OR TOWN COUNTY

STATE

NO T

220 I certify that (I) (this haspital) attended the deceased from

PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

sow the de en ad alive on \_\_

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse lost.

Neil Rosenshein, M.D. John Hopkins Hospital

230 BURIAL CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY Burial Holy Rosary

23d LOCATION Dundalk,

and that in (my) opinion death accurred on the date and hour and from the causes stated

20a AUTOPSY?

Baltimore,

24 FUNERAL DIRECTOR

Baltimore, Md.

JAN

Leonard J. Ruck, Inc.

25a. DATE REC'D. BY

DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING

MPORTANT 0 (SPECIFY)

CERTIFICATION

MEDICAL

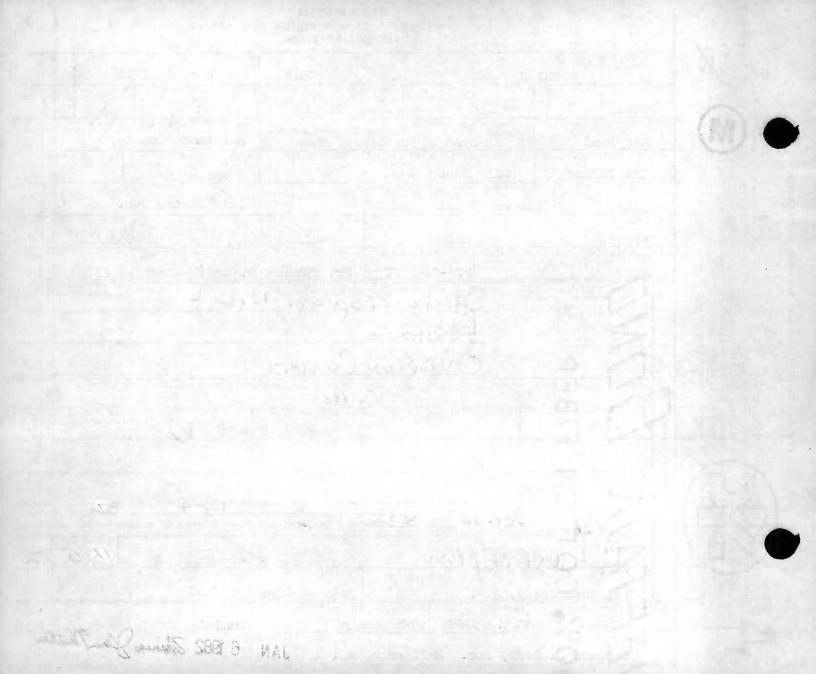
TYPE OR PRINT

3. SEX

Jan. 8,1982

DEGREE

22e. ADDRESS



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove corbanopapers. Pages 1 and 2 should be filed within 77 hand the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

	STATE OF MARYI
FOR	DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

43
Sin

	REGISTRAR		CER	TIFICATE OF DEATH	REG. N	0		
		IRST A	AIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
(TYP)	EORPRINT	Mary	NOZEI	KA	January	17, 198	32	4:35 am
3. SE	X	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	F	W	- M	9 /2 /1 /17 YEAR	64	YRS.	NIHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
	PA.	USA		OWED DIVORCED	Baltimore	County	,	MD
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOA	AE OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
R	OSSVILLE	FRI	ANKLIN	SQ.	HSWE	OF WORKING LIFE)	INDUSTRY	
13a,	STATE 136		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	MD.	BALTO	ESSEX	YES NO	1100 1	MAR	LYN	•
14. F/	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA			LAS	T.
1	MICHAEL	- KORC	ORAN	JULIA	BLEZI	NK		
	WAS DECEASED EVER IN I	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO		ADDR	ESS		
	NO		215 22 657	5 LINDA A	KATES	ABOU		
	18. CAUSE OF DEATH (E		line for (a), (b), and (c)				APPROXI	MATE INTERVAL ONSET AND DEATH
	IM/	MEDIATE CAUSE (a)	ardiac Arres	t.				
	426 n		R AS A CONSEQUENCE O					
	Conditions, if any, wh		Cerebrovaso	cular Accident				
-	gave rise to immedi		AS A CONSEQUENCE O				200	
	underlying cause I	and a		tic Congest	ive Heart F	ailure		
	PART 2 OTHER SIGNIFIC			BUT NOT RELATED TO THE TERA			IN PART 10	a'
CERTIFICATION							,	
CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
TE					YES NO V	IN CERTIFYIN		OF DEATH?
CER	210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	I OR PART 2)	
AL	OR CONTRIBUTING CAUS	COF DEATH	M. MONTH DAY YE	AR 19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY	211 LOCATION				
×	WHILE ON NOT WHILE	(AT HOME STRE	EET, FACTORY, OFFICE, FARM, ETC	) STREET	CITY OR TO	IWN	COUNTY	STATE
	AT TOUR	s hasnital) attended the	deceased from Jan	uary 16, 19.82	to January	17 <sub>1</sub> Q	2	that (X (we) last
	saw the deceased a	live on January	y 17, 19 82	., and that in (14) (aur) apinian				
	276. SIGNATURE	0 11		DEGREE			22c. DATE	SIGNED
	117	Kichli	>	ATTENDING PHYSICIAN	MEDICAL STA		1-1	7-87
	22d. MASICIAN'S NAME	(TYPE OR PRINT)		27e. ADDRESS				, , ,
	J.L. Ric	hter M.D.		9000 Fran	klin Square	Drive.	21237	7
23a E	BURIAL, CREMATION, REM			OF CEMETERY OR CREMATORY	236 LOCATION			
	BURIA!	1/201	P) CT CT	FAMISIA	CITY OR TOWN	2	OUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

retained by the haspital ar attending physician.

74 FUNERAL DIRECTOR
NAME
T. G. CONNELLY

300

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

JAN 191982 Trans Jan Kithen

